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ANNUAL REPORTS

OF THE

MANAGERS AND OFFICERS

OF THE

State Hospitals of New Jersey

FOR THE

Year ending October 31st,

1894.

TRENTON, N. J.:

PRINTED BY THE JOHN L. MURPHY PUBLISHING COMPANY.

1894.



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MANAGERS.

PRESIDENT,

GEORGE RICHARDS, Dover.

VICE PRESIDENT,

CHARLES E. GREEN, Trenton.

JAMES M. BUCKLEY, Morristown.

ROMEO F. CHABERT, Hoboken.

PATRICK FARRELLY, Morristown.

JOHN HONE, Red Bank.

GEORGE B. JENKINSON, Newark.

LEWIS PARKER, Trenton.

SECRETARY.

CHARLES H. GREEN, Morristown.

REPORT OF THE BOARD OF MANAGERS OF THE STATE HOSPITALS.

To His Excellency George T. Werts, Governor of New Jersey:

The Board of Managers of the State Hospitals, in compliance with the law requiring them to submit to the Governor "an annual report, detailing the past year's operations and actual state of the Hospitals," respectfully presents the following report for the fiscal year ending October 31st, 1894, being the Forty-seventh Annual Report of the New Jersey State Hospital at Trenton, and the Nineteenth Annual Report of the New Jersey State Hospital at Morris Plains.

ORGANIZATION.

At the last session of the Legislature, a supplement to an act entitled "An act relative to the government and management of the Insane Asylums or Hospitals owned by the State of New Jersey," was enacted, changing the words "said Board shall consist of seven persons," by striking out "seven" and inserting "eight," and making other changes, so that the whole section should read, "That the general management and control of both of said Hospitals shall hereafter be vested in one State Board of Managers, known and designated as the Board of Managers of the State Hospitals; said Board shall consist of eight persons, no more than four of whom shall belong to the same political party; they shall be appointed by the Governor by and with the advice and consent of the Senate, and shall respectively hold office for the period of five years and until their successors are qualified; any vacancy occurring in the said Board shall be filled for the unexpired term only."

Pursuant to the preceding act, the undersigned received from your Excellency commissions as Managers, and addressed themselves at once to the duties imposed upon them by the act under which they were appointed; perfecting the organization by the election of George

Richards, of Dover, President, Charles E. Green, of Trenton, Vice President, and Charles H. Green, of Morristown, Secretary. To aid in the proper supervision of the great institutions committed to their care, they constituted the following standing committees: A Medical Committee, a Committee on Grounds and Buildings, and an Auditing Committee. In harmony with the by-laws the members of these committees were appointed by the President, who is *ex officio* a member of all committees.

APPOINTMENT OF OFFICERS.

The act provides "That thirty days after the first meeting of the said Board of Managers appointed under this act, the terms, duties, employment and emoluments of the persons whose appointment or employment is now vested in the said Board of Managers, or in any other person or persons under the act to which this is a supplement, shall cease and determine; *provided, however*, that nothing herein contained shall prevent the re-appointment or re-employment under this act of suitable persons." Accordingly their first duty was to appoint a Medical Director and Warden for each of the State Hospitals. Prior to performing this duty—upon which the successful administration of the institution obviously depends—the Board of Managers, recognizing both the spirit and the letter of the provision that no more than four of the Board should be members of the same political party, unanimously resolved to remove no officer or employe, "except for cause," and accordingly appointed John W. Ward, M.D., Medical Director, and William H. Earley, Warden of the Hospital at Trenton, and Britton D. Evans, M.D., Medical Director, and Moses K. Everitt, Warden of the Hospital at Morris Plains. They also appointed the assistant physicians and expert accountants and their assistants, and re-elected the Treasurer for each Hospital, and appointed storekeepers for the same.

INSPECTION OF THE HOSPITALS.

Having done this they began a systematic inspection of the departments, which has been pursued by the proper committees, whose recommendations have been duly reported to the Board of Managers, and considered.

The provisions of the law concerning the duties of Managers are stringent, but not more so than the importance of the interests to be guarded demands.

The act provides that one or more of the members of the Board "shall visit each Hospital every week, two or more at least once in every month, the majority at least once in every three months, and the whole Board once a year." The Managers are pleased to be able to say that the number of visits made, both under the general and the particular provisions of the law, have been largely in excess of its requirements, and that the result of their observations justifies them in the belief that no grounds for serious complaint, either as to the condition or management of the institutions, exist.

They would not desire, however, to imply in this statement, that the ideal condition has been reached, but that existing defects are chiefly negative, the absence of what might be used to advantage if introduced, rather than the presence of what is positively harmful.

To this statement, however satisfactory it may be, there is one grave exception, which exists in both institutions, but at present more seriously in that at Morris Plains; a difficulty which, if not speedily remedied, will go far toward counteracting most of the benefits which the institutions were designed and, when established, adapted to confer upon the unfortunate and helpless persons to whose care they are devoted.

The institution at Morris Plains, comprising a system of buildings in many respects without a peer in the world, was constructed with a view of accommodating 800 patients. It was believed that this number was the largest that could be cared for with due reference to healthfulness, order and the employment of the most efficient curative and alleviative measures.

Yet in the Hospital, on the 31st day of October, 1894, there were 1,050 patients, and during the entire year the daily average has been 1,032; about 250 are forced into accommodations that were full before they were introduced.

The consequences of this overcrowded condition are, that in many rooms there must be two patients, a condition which, occasionally beneficial to both, is generally unfavorable to health and safety, imposing a tax upon the vigilance of attendants which, under the most advantageous circumstances, can never be less than a severe strain. But this stress is not sufficient; for in most cases it would be

impossible to provide in a single apartment for the safety and health of two individuals, both mentally alienated. Hence it is necessary to set up cots in the halls; and one might fancy himself in an overcrowded hotel during a political convention, when he sees the preparations necessary in that magnificent edifice every evening to accommodate patients for the night.

Whatever the provisions for ventilation, such a state is not compatible with the best physical, and certainly is most unfavorable to mental, health. Those who occupy such cots are deprived of the soothing and restorative influence of a sense of home; they are debarred privacy; while their presence in the halls is liable at any time to put an end to the quiet, even more essential to the sleep of those disturbed in mind than to the sane.

As stated by the Medical Director, "The insane population of this Hospital has had a yearly increase of about fifty patients, and there are reasons to believe that the ratio of increase will be enlarged rather than diminished in the future." Hence relief must be speedy, or no vigilance on the part of the Managers, or fidelity and ability in the administration, can long delay disastrous results.

This is an evil of such magnitude as fairly to appal the Managers. They would urge upon your Excellency, and through you upon the Legislature, the imperative necessity of enlargement. They have given much attention to the subject, and are of the opinion that the erection of a building or buildings to which those who are known as incurables may be transferred, is the best practical method of meeting the exigency. Their plans are not at present in a form to be embodied or outlined in this report, but will be presented to the proper legislative committee as soon as practicable.

By the erection of a noble building, great relief was given to the institution at Trenton, which was in a similar condition a few years ago. Of this your Excellency has been advised in former reports.

REPORTS OF OFFICERS.

For an account of the improvements made in the Hospitals during the past year, we refer your Excellency to the reports of the Wardens herewith presented in compliance with the law, and to the reports of the Medical Directors, for such considerations and facts as they deem it important to present.

Special attention is called to the pathological work at Morris Plains. The Managers found this department embarrassed for want of various facilities which they have endeavored to supply. It is deemed helpful to the work for the Hospital to avail itself of the opportunities—dependent, of course, upon the consent of the friends of those who die in the institution—offered by the knowledge possessed of their previous history and of the progress of their physical and mental maladies, in connection with a thorough examination of the brain and other organs.

WATER-SUPPLY AT MORRIS PLAINS.

As the population of this Hospital has increased—the augmentation of the number of patients requiring additional employes—it has been necessary for several months each year to supplement the supply of water flowing by gravity into the reservoirs, by pumping from the brook north of the Hospital building. The quality of the water thus obtained is good but not excellent.

The brook-water receives all its contamination within a mile and a half of the present pumping station; for this distance it flows through pasture land, and receives surface drainage from cleared lands on which are eight dwellings. The sources of this stream are in the mountain in the rear of the Hospital, and not far removed. By acquiring control of them it would be possible to intercept the water far above the sources of pollution, at a point where the supply practically equals that at the present intake, thus providing against contamination, and also acquiring the use of the water at all times, without the possibility of interference from adverse owners up the stream. Without this brook the supply of water is not equal to the present demand.

On the other hand, if springs from which the brook arises should be acquired by persons for purposes of domestic use, elsewhere than at this Hospital, serious inconvenience and perhaps suffering would follow. This apprehension is not baseless, for not only the water company of the neighboring city, but the families in the neighborhood are steadily obtaining the control of all available sources of water-supply.

Another decided advantage would be the ability to do away with the present pumping station, and to put the water in the reservoirs by gravity.

The plans in contemplation to accomplish this important work, it is expected, will not involve a very heavy outlay, and will be communicated to the Legislature as soon as matured.

THE COUNTY INSTITUTIONS.

The law further enacts that "it shall be the duty of the Board of Managers to visit each county institution in the State, at least once a year, and to inspect such institutions and their management and to make, in their annual report, such recommendations as they shall deem necessary concerning such local institutions." This task has been performed with the following results :

Burlington County Alms-House and Insane Asylum.

This Asylum is attached to the Alms-House, and is located near New Lisbon.

Mr. T. B. Gaskill is Steward, and has been in charge of the institution for the past twenty-one years ; Mrs. Martha Gaskill is Matron, and John W. Webb, M.D., is the Visiting Physician.

The Asylum was built in 1873, exclusively for the insane, and has accommodations for 56 persons. It is now filled to its limit. There are 14 white males, 38 white females, and 4 colored females.

Drinking-water is supplied from the north branch of the Rancocas creek, and is well distributed throughout the building. The bathrooms are sufficient, and there is an ample supply of hose and fire-plugs. The water-closets are outside, oil lamps are used for lighting, and the edifice is heated by hot-air furnaces in the cellar. The farm yields an abundant supply of vegetables.

A careful inspection of the premises showed that the ventilation is perfect, sanitary condition good, the rooms and passageways neat and clean, and every way comfortable.

The State appropriation last year was \$5,785.

Camden County Insane Asylum.

This Asylum is situated about two miles from the town of Blackwood. Mr. George Kleinheinz is the Superintendent, Mrs. Anna Kleinheinz is the Matron, and H. E. Brannin, M.D., is the Physician.

There are accommodations for 150 patients. The total number at

the time of our visit was 142; 54 white males, 62 white females, 8 colored males, and 18 colored females. There are also 8 private patients.

This Asylum, erected in 1877, is a four-story brick building standing by itself; bath-rooms and closets are on each floor; water is taken from Greenlock creek; it is abundant, and there is an ample supply of hose and connections in case of fire.

The building is heated by steam, and oil lamps are used for lighting. Vegetables are supplied by the farm. The sanitary condition is excellent; sewer connections in good order; ventilation first-class; and the cleanliness of the entire building in every department is deserving of the highest commendation.

The State appropriation last year was \$12,800.

The absence of an elevator is noticeable and an occasion of much inconvenience. The use of oil lamps here, as in the Burlington County Asylum, we deem a constant source of danger.

Cumberland County Alms-House and Insane Asylum.

The insane here occupy a small brick building, two stories high, erected for the purpose, and entirely detached from the Alms-House proper. It will properly accommodate not more than 20 patients. Such as cannot be accommodated here, are housed in the Alms-House.

This building is about two miles from Bridgeton. It is under the care of Mr. William Ogden, Steward; Mrs. Ogden being the Matron, and John R. Thompson, M.D., is the Attending Physician.

The number of patients is 10; white males, 3; colored males, 2; white females, 4; colored females, 1.

Patients seem to be properly fed and housed; the general health is good; the supply of water for drinking is taken from a well, and is reported to be wholesome. The building is heated by hot-air furnaces and is apparently kept clean.

Essex County Hospital for the Insane.

This institution is situated in Newark, will accommodate about 800 patients, and is the largest County Asylum in the State. The Superintendent is Livingstone S. Hinckley, M.D.

At the time of the visit of the Board of Managers there were 646 inmates; 589 regularly committed, and 57 temporarily committed.

Of those regularly committed, 245 were males and 344 females; total 589. This building cost about a half a million dollars, and its condition and management, so far as the same could be examined by the Managers, made a most favorable impression upon them. The buildings are in part new, none of them old. System, order and neatness were everywhere apparent.

Gloucester County Alms-House and Insane Asylum.

The insane are here kept, part in the Alms-House proper, and part in a stone building on the grounds, situated some hundred feet from the main building. The property is situated near Clarksboro.

Mr. George G. Weatherby is Superintendent, Mrs. Mary P. Weatherby being Matron, and the Visiting Physician is Samuel F. Ashcraft, M.D.

There are 13 insane inmates; white males, 4; colored male, 1; white females, 8. (Four or five others are reported to be virtually idiots.)

The stone house is heated with a large stove; the main house with a hot-air furnace. Water is taken both from a well and a spring. It is pumped to a reservoir and distributed through the house by pipes. The supply is reported to be ample and excellent, and the drainage thoroughly good.

The patients are reported by the Attending Physician to be fed and clothed properly, and their general health to be very good.

But very few patients are permanently kept in the building called the Asylum; the others are kept in the Alms-House. The building, rooms and premises generally are cleanly and in good condition.

Hudson County Insane Asylum.

This institution is on Snake Hill, and under the exclusive charge of G. W. King, M.D. At the time of the visit of the Board of Managers, October 19th, the number of patients was 324; males, 138; females, 186. The report of the former Board of Managers stated that the new Asylum was almost completed and would have accommodations for about 600 patients; that the building is 552 feet long and 80 feet wide, and 4 stories high.

The present Board of Managers found the building still unfinished, but rapidly approaching completion. Their examination of the old

buildings led them to the conclusion that the erection of a new building had been unduly delayed. They do not see how any Superintendent could maintain an institution in a condition to make a favorable impression where the patients were crowded into such quarters as they now occupy. It is expected that the entrance upon the new building will facilitate great improvements, plans for which are already matured, and were clearly explained to the Managers by the Superintendent.

Passaic County Insane Asylum.

The managers visited the Passaic County Insane Asylum November 12th.

The insane of this county are kept in the Poor-House of the city of Paterson by an agreement between the authorities of the city of Paterson and the Board of Freeholders of the county.

It is in charge of John J. Donnelly, Superintendent, and Thomas L. Paton, M.D., of Paterson, as Medical Attendant.

Number of patients, male 14, female 25.

The building will accommodate 300, sane and insane. In their respective departments the insane mingle promiscuously with the sane paupers and with children (which number about 25).

This Asylum was clean and in good order.

Salem County Alms-House and Insane Asylum.

The pauper insane of this county are largely kept at the County Alms-House. This is located about two miles from Woodstown. Mr. David Dickinson is Superintendent, Mrs. Dickinson being Matron. Charles Newton, M.D., of Sharpsburg, and Wm. Carpenter, M.D., of Salem, are the Visiting Physicians.

The Asylum proper is of brick, three stories high, connected with the Alms-House by a frame covered passageway, and seems to be in good condition.

It is provided with a bath-room and closets, and heated by a furnace. The water, obtained from a well and also from a spring, is reported to be excellent and the supply abundant.

Of the 13 patients, 8 are provided for in the building specially provided for the insane, and 5 in the main house; 6 are males, 4 white and 2 colored. Of the 7 females, 6 are white and 1 colored. The patients apparently receive good care.

The Managers, in reviewing their examination of the county institutions, are unanimous in the belief that where the insane are gathered in considerable numbers physicians should be upon the ground, as visiting once a week, or upon special summons, does not afford these unfortunates the proper care. In the smaller county asylums, when the Steward and his wife are away, there is no one to oversee the patients; therefore, in some instances, they are locked in their cells behind grated iron bars.

When the insane are kept in the Alms-House proper, there is considerable intermingling of insane and paupers; this is in no respect wise, and is especially hurtful to children.

Where the number of insane is not sufficiently large to justify the erection of buildings especially adapted to the purpose of caring for them and the maintenance of a staff of physicians, and the application of all the modern methods of treating the insane with a view to curing them, or alleviating their sufferings, we are of the opinion that the care of them by the county is inexpedient, and that they should be sent to State institutions, even should it be necessary to erect additional hospitals.

The Board of Managers beg leave to direct attention to the necessity of adding a provision to the law which shall require that insane females sent by the counties to the State Hospitals be in all cases accompanied by a woman in addition to such male attendants as may be needed. Such is not now the case, and we do not without reason deprecate the continuance of the present practice.

In conclusion the Board of Managers would respectfully refer your Excellency to the appended reports of the Medical Directors, Wardens and other officers, which will exhibit, so far as statements and tables can do so, the exact condition of the vast property of the State devoted to "ministering to minds diseased."

GEORGE RICHARDS,
CHARLES E. GREEN,
R. F. CHABERT,
J. M. BUCKLEY,
PATRICK FARRELLY,
JOHN HONE,
GEO. B. JENKINSON,
LEWIS PARKER,
Board of Managers.



MAIN BUILDING.

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FORTY-SEVENTH ANNUAL REPORT
OF THE
RESIDENT OFFICERS
OF THE
NEW JERSEY STATE HOSPITAL
AT TRENTON,
For the Year ending October 31st,
1894.

(15)

RESIDENT OFFICERS.

MEDICAL DEPARTMENT.

JOHN W. WARD, M.D.,	Medical Director.
JOHN KIRBY, M.D.,	Assistant Physician.
JOHN C. FELTY, M.D.,	Second Assistant Physician.
WILLIAM F. JONES, M.D.,	Third Assistant Physician.
_____,	Fourth Assistant Physician.

BUSINESS DEPARTMENT.

WILLIAM H. EARLEY,	Warden.
HARVEY H. JOHNSON,	Treasurer.

TREASURER'S REPORT.

To the Managers of the State Hospitals of New Jersey:

GENTLEMEN—The following abstract of receipts and disbursements for the fiscal year ending October 31st, 1894, is respectfully submitted :

RECEIPTS.

Balance on hand November 1st, 1893.....	\$17,385 59	
Warden's orders outstanding November 1st, 1893.....	2,098 45	
	<hr/>	\$19,479 04
From the State Treasurer—		
For maintenance of county patients.....	\$41,601 28	
For maintenance of insane convicts.....	7,037 15	
	<hr/>	48,638 43
From the following-named counties—		
Atlantic	\$6,360 92	
Burlington.....	9,728 95	
Camden	111 30	
Cape May.....	1,420 44	
Cumberland.....	13,769 89	
Gloucester.....	7,170 75	
Mercer.....	23,684 75	
Middlesex.....	25,198 89	
Monmouth.....	25,689 99	
Ocean.....	5,319 28	
Salem.....	4,966 82	
Somerset.....	10,358 81	
	<hr/>	134,280 79
From other sources —		
Private patients.....	\$26,680 86	
Sale of fat and tallow.....	1,281 35	
Sale of hogs.....	2,396 02	
Sale of cows and calves.....	47 50	
Sale of incidentals.....	910 87	
	<hr/>	81,316 60
		<hr/>
		\$233,714 86

DISBURSEMENTS.

Warden's orders paid.....		\$209,948 96
		<hr/>
		\$23,765 90
Warden's orders outstanding.....		735 11
		<hr/>
Balance on hand October 31st, 1894.....		\$23,080 79
Unpaid—		
Mercer county.....	\$23,211 74	
New Jersey State Hospital at Morris Plains (loan)....	10,000 00	
	<hr/>	33,211 74
		<hr/>
		\$56,242 53

HARVEY H. JOHNSON,

Treasurer.

New Jersey State Hospital at Trenton, October 31st, 1894.

We hereby certify that we have examined the Treasurer's accounts, and find them correctly stated and balanced according to the foregoing statement.

GEORGE B. JENKINSON,

PATRICK FARRELLY,

LEWIS PARKER,

Auditing Committee.

REPORT OF THE WARDEN.

(21)

WARDEN'S REPORT.

To the Board of Managers of the New Jersey State Hospitals :

GENTLEMEN—In compliance with the laws of the State Legislature, relative to the government and management of the above institution, I respectfully submit my Second Annual Report as Warden, for the fiscal year ending October 31st, 1894, supplemented by an abstract of accounts, giving a detailed statement of receipts and expenditures for the year. Also an account of the products of the farm, garden and dairy, and work of various kinds connected with this department.

Balance in hands of Treasurer November 1st, 1893.....	\$17,385 59
Receipts from all sources.....	214,235 82
	<hr/> \$231,621 41
Expenditures.....	208,590 62
	<hr/>
Balance in hands of Treasurer November 1st, 1894.....	\$23,030 79
Mercer county is at present indebted for the maintenance of its patients in the sum of.....	23,211 74
State Hospital at Morris Plains, cash loan.....	10,000 00
	<hr/>
Liabilities.....	\$56,242 53
Bills on file.....	\$5,064 32
Amount due for wages.....	4,262 46
	<hr/> 9,326 78
Balance.....	<hr/> \$46,915 75

INTERIOR IMPROVEMENTS.

The interior of what is known as the old or main building has been greatly improved by having a number of the wards repainted ; also the reception parlors on the main hall ; Wards Nos. 1, 5, 7 and 10, east ; and Wards 7 and 10, west, have had new metallic ceilings of an ornamental design, adding greatly to the appearance of those

wards. These ceilings proving entirely satisfactory, it is hoped the remaining wards will have ceilings of this material in the near future.

A number of the wards have been newly furnished with carpets, bedsteads, bureaus and washstands. All the furniture is of good material and adds much to the appearance of the wards and comfort and well-being of the patients.

The new dining-rooms, referred to in my last year's report, have been completed and in use nearly a year. They have proved entirely satisfactory for the purpose for which they were intended, and have also given additional sleeping room, much needed on the wards. Not the least important feature of these dining-rooms is the arrangement called warming cabinets, by means of which the patients receive all the benefits from warm meals that could be provided in a private home.

The walls and ceilings of the new building, or annex, needing attention, have all been pointed up and repaired where found necessary to do so. Some of the wards have been painted, and it is hoped thus to complete this building during the coming year.

The kitchen attached to this building having proved inadequate to the demands made upon it, in compliance with a resolution passed by your Honorable Board, an addition is being built of stone, two (2) stories in height, twenty-five (25) feet by twenty-nine (29) feet, the first floor of which will be used for culinary purposes. The second floor will contain two bed-rooms, much needed for the accommodation of kitchen help. All the material and workmanship will correspond with the building of which it is to be a part.

OUTSIDE IMPROVEMENTS.

The unsightly high board fence, inclosing the lawn and garden, fronting the Trenton and Ewing turnpike, is being replaced by a picket fence, both substantial and ornamental, answering all the purposes for which the former fence was intended. This fence, giving the public a view of the beautiful lawns fronting the building, will, when completed, be an improvement much desired.

The main driveway, referred to in my last report as being constructed, has been opened since then. Much labor has been expended in the completion of the road, which is now in good order, and bor-

dering, as it does, the grounds fronting both buildings, makes a very picturesque driveway.

Other walks and drives around the grounds have been also repaired and improved. The ground around the new dining-room extensions has been properly graded and terraced, and a walk, four feet wide, of bluestone flagging, laid around each dining-room, which is of great advantage to those using it.

A lawn is being laid out fronting the new building. It has been graded and sown with grass seed, and a number of shade trees planted. It is hoped to complete this work as soon as possible.

All the trees on the grounds around the buildings have been trimmed, the woodlands cleared of underbrush and weeds, and a general improvement made in this regard.

STEAM DRUMS.

As the steam drums on the new boilers had been a continuous annoyance, through unequal expansion, causing leaky joints, they have been removed and each boiler connected separately with a four (4) inch "U" pipe to a six (6) inch heavy main, which allows the starting or stopping of any one boiler without interfering with the others, giving entire satisfaction and causing no trouble. About four hundred (400) feet of low-pressure four (4) inch wrought-iron pipe have been laid from the boiler-house to the building, in place of the cast-iron flange pipe formerly used, which gives us a better advantage in heating, as we can increase the boiler pressure with safety.

TURBINE WATER-WHEEL.

The turbine water-wheel and pump at the mill have both been thoroughly overhauled and put in good repair, and we are thereby better enabled to keep our tanks filled for any emergency.

GREENHOUSE.

The interior of the greenhouse has been remodeled; the pipes removed from the trunk under the floor and placed upon supports around the sides, not only increasing the heating capacity, but giving better results.

COLD STORAGE AND ICE.

Under a contract made by your predecessors with the Nason Ice Machine Co., of New York, a refrigerating and ice-making machine has been introduced. After being in use six months, including the exceedingly warm weather of last summer, I am pleased to state that the results obtained in cold storage and ice-making meet all the demands and requirements of the house for these purposes.

REPAIRS.

The house occupied by the engineer has been repapered all through; also the houses occupied by the dairyman and the carpenter have been repaired, and all the dwelling-houses are now in good order. The laundry gutters and leaders have been overhauled and repaired. A shed pavilion in one of the exercising yards has been fitted with a tin roof, thus adding to the preservation of the building and comfort of the patients using it.

FIRE PROTECTION.

One new hose carriage, with one thousand feet of four (4) inch rubber fire hose, with couplings, nozzles and branch-pipes complete, has been purchased, which, together with that already on hand, gives us a fairly well-equipped fire apparatus.

Also thirty-two one-and-one-half-gallon and six three-gallon "Babcock" fire extinguishers, with reserve charges for each one, and one dozen two-and-one-half-inch spanners have been purchased and are distributed throughout the building, one in each of the wards, and kept in the hall closet with the reel of fire hose, which is always connected with a supply-pipe and ready for instant use.

ELECTRIC LIGHTING.

The subject of furnishing electric lighting was carefully considered, and in view of the additional cost over our present system, it was decided by the former Board to be unwise to change at that time.

RECOMMENDATIONS.

Telephone.

Your attention is respectfully called to the inferior means of communication between the offices, wards and outside buildings. A proper and regular house telephone system is absolutely necessary. As it is now, there is no transmitter separate from the receiver, one instrument being used for both purposes, causing frequent misunderstandings and delays.

Water-Supply.

While the tank system, as now in use, may be sufficient for a primary source in case of fire, it is not considered ample for any great emergency, and it would be the part of wisdom to provide for a secondary source of supply by the erection of a water tower, or by some other equally sufficient means, in order to have an ample reserve without having to depend upon the steam-pipe alone.

Greenhouse.

Our greenhouse, while in good order and much improved since last year, is still insufficient, owing to the limited size. If the house could be enlarged to double its present dimensions, it would better answer all requirements for some time to come, and thus enable us to provide the means for furnishing flowers more liberally for the gratification of the patients.

REQUIREMENTS.

The estimated needs of this institution for the ensuing year :

Salaries for resident officers.....	\$10,000 00
For support of insane convicts.....	7,500 00
Allowance of \$1 per week for each county patient.....	43,000 00

ANNUAL APPRAISEMENT.

The annual appraisement of the personal property of this institution, taken as usual, amounts to one hundred and twenty-five thousand three hundred and sixty-nine dollars and ninety-six cents (\$125,369.96).

In the appraisement made, care was taken to set a true valuation upon articles long in use, and where an article had been laid aside and unused, a true estimate given as of old material only. It is gratifying to be able to report that under this severe test the total appraisement shows an increase over last year of nine thousand two hundred and sixty-nine dollars and thirty-three cents (\$9,269.33).

Thanks are due to Hon. William S. Yard and Mr. John C. Owens, of Trenton, appraisers appointed by your Honorable Board, for their faithful services in making said appraisements.

CONCLUSION.

In concluding this report I wish to express my sincere thanks to the members of the Board of Managers, both collectively and individually, for the support given me, and for the uniform interest and kindness shown by your honorable body. I also desire to put upon record this testimony of the faithfulness and pleasant relations maintained between the officers and assistants and myself in the performance of their duties.

Respectfully submitted,

WILLIAM H. EARLEY,

Warden.

New Jersey State Hospital, Trenton, November 1st, 1894.

ABSTRACT OF RECEIPTS AND EXPENDITURES FOR THE YEAR ENDING OCTOBER 31, 1894.

RECEIPTS.

Balance from last year.....		\$17,385 59
Private patients.....	\$26,680 86	
County patients.....	134,280 79	
State Treasurer for county patients.....	41,601 28	
State Treasurer for convict patients.....	7,037 15	
Calves	47 50	
Hogs	2,396 02	
Fat and tallow.....	1,281 35	
Incidentals, including sale of old boiler.....	910 87	
		<u>214,235 82</u>
		\$231,621 41

DISBURSEMENTS.

Amusements.....	\$146 10
Books and stationery.....	797 78
Bedding, linen, &c.....	5,093 47
Clothing	8,171 68
Crockery and cutlery.....	1,506 83
Farm and garden.....	5,743 18
Fixtures.....	1,954 80
Flour	411 13
Feed.....	2,762 50
Fencing	852 03
Fire apparatus.....	1,431 50
Fruit.....	2,719 31
Freight.....	531 92
Furniture	2,549 54
Fuel	13,029 63
Funeral expenses.....	406 00
Gas and steam-pipe.....	1,120 06
Grounds and grading.....	191 20
Hay and straw.....	1,153 29
Harness.....	542 38
Household goods.....	2,755 34
Ice	250 00
Ice plant and cold storage.....	6,503 05

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Improvement of buildings.....	\$10,303 91	
Insurance.....	1,447 97	
Incidentals.....	1,534 84	
Laundry.....	4,457 69	
Light	2,798 53	
Medical	3,562 76	
Newspapers	309 48	
New buildings.....	2,788 29	
Provisions.....	63,645 56	
Postage.....	230 70	
Petty current expenses.....	200 00	
Refunding.....	656 17	
Repairs.....	4,611 37	
Smith and wheelwright.....	256 68	
Stock.....	1,557 25	
Traveling expenses.....	63 19	
Tinware.....	513 67	
Tools and supplies.....	855 24	
Vegetables	150 09	
Wages	44,119 55	
Wheat.....	3,904 96	
		<hr/>
		\$208,590 62
		<hr/>
		\$23,030 79
Unpaid—		
Mercer county, quarter ending May 15th, 1894.....	\$7,823 94	
Mercer county, quarter ending August 15th, 1894.....	7,661 71	
Mercer county, quarter ending November 15th, 1894.....	7,726 09	
Morris Plains.....	10,000 00	
		<hr/>
		33,211 74
		<hr/>
		\$56,242 53

APPENDIX TO WARDEN'S REPORT.

FARM.

85	Tons of hay.....@	\$15 00	\$1,275 00
750	Bushels of wheat.....	65	487 50
1,800	Bushels of corn.....	60	1,080 00
700	Bushels of oats.....	40	280 00
1,800	Bushels of potatoes.....	50	900 00
500	Bushels of turnips.....	35	175 00
7,000	Bundles corn stalks.....	3	210 00
16	Tons rye straw.....	8 00	128 00
12	Tons oat straw.....	10 00	120 00
26	Weeks' pasture for 50 head of stock.....	50	650 00
119,019	Quarts milk.....	4½	5,355 85
			\$10,661 35

STOCK.

19	Calves.....@	\$2 50	\$47 50
7	Cows slaughtered, 3,890 lbs.....	7½	291 75
	Hogs sold.....		2,396 02
			2,735 27

GARDEN.

1,430	Bunches radishes.....@	\$0 02	\$28 60
890	Bunches parsley.....	2	17 80
50	Bunches sweet marjoram.....	5	2 50
50	Bunches sage.....	5	2 50
2,040	Bunches asparagus.....	10	204 00
512	Bunches rhubarb.....	5	25 60
1,698	Bunches onions.....	2½	42 45
100	Bunches leeks.....	5	5 00
50	Bunches dill.....	7	3 50
7	Bushels spinach.....	5	3 50
7	Bushels red currants.....	2 50	17 50
4½	Bushels black currants.....	2 50	11 25
4½	Bushels gooseberries.....	2 00	9 00
72	Bushels onions.....	1 00	72 00
9	Bushels onion sets.....	3 50	31 50
124	Bushels peas.....	1 00	124 00
61½	Bushels early turnips.....	50	30 75
90	Bushels early turnips.....	50	45 00

(81)

250	Bushels late turnips.....	\$0 40	\$100 00
123	Bushels early beets.....	1 00	123 00
126	Bushels late beets.....	90	113 40
5,845	Heads summer cabbage.....	5	292 25
50	Heads Savoy cabbage.....	5	2 50
13,000	Heads winter cabbage.....	4	520 00
155	Heads cauliflower.....	10	15 50
88½	Bushels string beans.....	75	66 38
14	Bushels summer carrots.....	1 00	14 00
25	Bushels winter carrots.....	75	18 75
331	Bushels tomatoes.....	65	215 15
39	Bushels cucumbers.....	75	29 25
4	Bushels peppers.....	65	2 60
3½	Bushels okra.....	1 00	3 50
6½	Bushels grapes.....	1 00	6 25
17½	Bushels Lima beans.....	90	15 75
350	Bushels parsnips.....	1 00	350 00
30	Bushels oyster plant.....	1 00	30 00
1,000	Bundles corn stalks.....	3	30 00
12,000	Heads celery.....	4	480 00
10	Dozen preserving citrons.....	50	5 00
160	Muskmelons.....	5	10 30
19	Pumpkins.....	10	1 70
24	Winter squashes.....	10	2 40
83	Egg-plants.....	4	3 52
16,835	Ears sweet corn, per 100.....	75	126 26
3,564	Heads lettuce.....	4	142 56
350	Pounds horseradish.....	6	21 00
			<hr/>
			\$3,417 47
			<hr/>
			\$16,814 09

WORK DONE AT THE MILL.

Flour, one hundredweights.....	3,397
Corn meal, one hundredweights.....	889
Feed, one hundredweights.....	1,002
Bran, one hundredweights.....	223½
Hog feed, one hundredweights.....	632

SEWING-ROOM REPORT.

Bakers' gloves.....	38
Clothes' bags.....	19
Counterpanes hemmed.....	180
Curtain bands.....	51
Napkins.....	30
Ladies' skirts.....	2
Table-cloths.....	265
Gents' drawers.....	241
Attendants' aprons.....	87
Bed ties (sets).....	36

NEW JERSEY STATE HOSPITALS.

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Bolster cases.....	246
Blankets, hemmed.....	170
Ruffles	148
Handkerchiefs made.....	138
Ladies' waists.....	41
Oil-cloth collars.....	7
Bed ticks.....	42
Hats trimmed.....	108
Linen muffs.....	4
Attendants' caps.....	145
Jelly bags	6
Bibs.....	24
Petticoats	466
Pillow slips.....	1,456
Comfortables.....	53
Ladies' aprons.....	471
Chemise	603
Bed pads	140
Sheets.....	1,155
Gentlemen's undervests.....	693
Ladies' undervests.....	580
Stockings.....	80
Shirts.....	537
Drawers, ladies'.....	97
Window curtains.....	132
Burial drawers.....	42
Burial petticoats.....	10
Burial robes.....	27
Burial chemise.....	22
Burial skirts.....	17
Camisoles, east.....	24
Camisoles, west.....	36
Towels.....	2,343
Wristlets and anklets.....	33
Holders.....	42
Ladies' dresses.....	484

11,569

MATTRESS-ROOM.

Single mattresses made, new.....	70
Single mattresses made over.....	308
Three-quarter mattresses made, new... ..	100
Double mattresses made, new.. ..	3
Double mattresses made over.....	4
Single mattress ticks made, new.....	294
Single mattress ticks repaired.....	87
Three-quarter mattress ticks made, new.....	102
Double mattress ticks made, new.....	5

Double mattress ticks made over.....	2
Hair pillows made, new.....	180
Hair pillows made over.....	265
Feather pillows made, new.....	130
Feather pillows made over.....	56
Pillow ticks made, new.....	465
Pillow ticks repaired.....	166
Sofa pillows made, new.....	3
Sofa pillows made over.....	5
Chair cushions made.....	19
Pieces of furniture upholstered.....	30
Large hall carpets made, new.....	2
Large hall carpets made over.....	5
Alcove carpets made, new.....	3
Alcove carpets made over.....	2
Room carpets made, new.....	58
Room carpets made over.....	35
Carpets taken up.....	316
Carpets laid.....	324
Carpets repaired.....	112
Rooms laid with new matting.....	8
Rooms laid with old matting.....	25
Art squares made.....	3
Rugs made.....	29
Yards of carpet hemmed.....	350
Awnings made.....	7
Awnings repaired.....	5
Awnings hung.....	16
Holland window shades made.....	231
Holland window shades repaired.....	60
Feather bolsters made, new.....	102
Feather bolsters made over.....	5
Lace curtains hung.....	65
Yards of oil-cloth and linoleum laid.....	125
Chairs caned.....	122
Chapel seats caned.....	19
Total number of pieces.....	<u>4,323</u>

REPORT OF MEDICAL DIRECTOR.

(35)

MEDICAL DIRECTOR'S REPORT.

To the Managers of the New Jersey State Hospitals :

GENTLEMEN—In compliance with a requirement of an act of the Legislature, the following report of the operations of the Medical Department of the New Jersey State Hospital at Trenton for the year ending October 31st, 1894, is respectfully submitted :

	Men.	Women.	Total.
Patients in the Hospital October 31st, 1893.....	442	463	905
Received since to November 1st, 1894.....	115	107	222
Under treatment during the year	557	570	1,127
Discharged recovered during the year.....	40	39	79
Discharged improved during the year	12	10	22
Discharged unimproved during the year.....	5	5	10
Discharged on writ of <i>habeas corpus</i>	2	.....	2
Died	45	39	84
Total discharged, died, &c., during the year	104	93	197
Remaining October 31st, 1894.....	458	472	930
Whole number of cases received and treated from the opening of the institution, May 15th, 1848, to November 1st, 1894.....	4,139	4,081	8,320
Discharged recovered.....	1,395	1,481	2,876
Discharged improved.....	823	973	1,796
Discharged unimproved.....	151	158	309
Discharged on writ of <i>habeas corpus</i>	2	1	3
Escaped	19	5	24
Not insane	17	9	26
Died	1,061	870	1,931
Removed to other institutions.....	218	207	425
Total discharged, died, &c.....	3,686	3,704	9,390
Remaining October 31st, 1894.....	458	472	930

Patients admitted during the year were from the following counties :

COUNTIES.	Men.	Women.	Total.
Atlantic	6	5	11
Burlington	14	12	26
Camden	2	2	2
Cape May.....	2	2	2
Cumberland.....	13	14	27
Gloucester.....	10	6	16
Hudson.....	1	1	1
Mercer.....	28	23	51
Middlesex.....	12	14	26
Monmouth.....	8	15	23
Ocean.....	4	4	8
Salem.....	6	2	8
Somerset.....	12	9	21
Total	115	107	222

PATIENTS REMAINING IN THE HOSPITAL

From each county in the State October 31st, 1894, and the quota to which each county in the district set apart for this institution is entitled.

COUNTIES.	NUMBER IN HOSPITAL.			Quota.
	Men.	Women.	Total.	
Atlantic.....	15	20	35	32
Bergen	1	1	1	.....
Burlington.....	33	39	72	83
Camden.....	5	5	10	108
Cape May.....	7	3	10	16
Cumberland	39	43	82	60
Essex.....	1	2	3	.....
Gloucester.....	24	20	44	39
Hudson	3	3	6	.....
Hunterdon	3	3	3	.....
Mercer	99	105	204	96
Middlesex.....	76	85	161	80
Monmouth	59	72	131	88
Ocean.....	20	15	35	22
Salem.....	19	17	36	37
Somerset.....	39	38	72	39
Union.....	2	1	3	.....
New York.....	1	2	2	.....
Pennsylvania	1	1	1	.....
State patients.....	15	4	19	.....
Total.....	458	472	930	700

GENERAL RESULTS.

The number of patients at the close of the last fiscal year was 905—442 men and 463 women. The number received since, viz., from November 1st, 1893, to November 1st, 1894, was 222—115 men and 107 women. The whole number of cases under treatment during the year was 1,127—557 men and 570 women—being an increase of 48 over the number under care the previous year. Of this number, 196 have been discharged, as follows: Considered as recovered, 79; as improved, 22; as unimproved or stationary, 10; 84 have died, and 2 were discharged on writs of *habeas corpus*. At the close of the year there remained under care 930—458 men and 472 women—an increase of 25 over the whole number under care at the close of the fiscal year ending October 31st, 1893.

Of the number under care at the present time, 817 are classed as indigent, and are supported by the counties from whence sent; 94 are private, and are supported wholly by friends; 19—15 men and 4 women—are supported directly by the State. Of the latter class, 3 are from Burlington, 2 from Camden, 2 from Gloucester, 5 from Mercer, 4 from Middlesex, 2 from Monmouth, and 1 from Salem county.

The largest number under care at any one time was 940, and the smallest number, 895. The daily average was about 917.

There has been very little acute sickness during the year, and the general health of the household is now good. Death occurred in 84 cases, 45 men and 39 women.

The death-rate in proportion to the whole number under care was about seven and one-half per cent., which is about the annual average. The protracted "spell" of extremely hot weather increased the death list, especially amongst the old and feeble.

Seventy-nine—40 men and 39 women—have been discharged as recovered. This number is about thirty-five and a half per cent. of the admissions during the year.

CAUSES OF DEATH.

CAUSES.	Men.	Women.	Total.
Pulmonary consumption.....	9	5	14
General (chronic) exhaustion.....	8	6	14
General paresis.....	7	.....	7
Paralysis.....	3	2	5
Apoplexy.....	2	4	6
Old age.....	2	4	6
Exhaustion of acute mania.....	1	3	4
Cancer.....	3	.....	3
Epilepsy.....	3	1	4
Albuminuria.....	2	1	3
Typhomania.....	1	2	3
Senile gangrene.....	.....	2	2
Chronic diarrhoea.....	.....	2	2
"La Grippe".....	.....	1	1
Erysipelas.....	.....	1	1
Pneumonia.....	.....	1	1
Tumor of brain.....	1	.....	1
Abscess of brain.....	.....	1	1
Intussusception of the bowels.....	1	.....	1
Hemorrhage of the bowels.....	1	.....	1
Dysentery.....	.....	1	1
Exhaustion of acute melancholia.....	.....	1	1
Suicide.....	1	1	2
Total.....	45	39	84

AGES OF THOSE WHO HAVE DIED DURING THE YEAR AND LENGTH OF TIME UNDER CARE IN THE HOSPITAL.

AGES.	Men.	Women.	Total.	LENGTH OF TIME IN THE HOSPITAL.	Men.	Women.	Total.
Ten to fifteen.....	.....	1	1	One to two weeks.....	2	4	6
Fifteen to twenty.....	1	.....	1	Two weeks to one month..	1	3	4
Twenty to twenty-five.....	1	3	4	One to three months.....	7	2	9
Twenty-five to thirty.....	4	1	5	Three to six months.....	5	4	9
Thirty to thirty-five.....	1	.....	1	Six to nine months.....	5	4	9
Thirty-five to forty.....	2	2	4	Nine months to one year..	3	1	4
Forty to forty-five.....	5	.....	5	One year to two years.....	6	2	8
Forty-five to fifty.....	5	1	6	Two to three years.....	3	5	8
Fifty to fifty-five.....	4	4	8	Three to four years ...	1	3	4
Fifty-five to sixty.....	5	7	12	Four to five years.....	1	2	3
Sixty to sixty-five.....	6	7	13	Five to ten years.....	3	1	4
Sixty-five to seventy.....	1	.....	1	Ten to fifteen years.....	5	6	11
Seventy to seventy-five.....	5	6	11	Fifteen to twenty years...	5	1	6
Seventy-five to eighty.....	3	3	6	Twenty to thirty years.....	2	1	3
Eighty to ninety.....	2	3	5	Over thirty years.....	1	1
Over ninety.....	1	1				
Total.....	45	39	84	Total.....	45	39	84

NEW JERSEY STATE HOSPITALS.

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AGES OF THOSE ADMITTED AND OF THOSE DISCHARGED AS RECOVERED.

	ADMITTED.			DISCHARGED RECOVERED.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 10 to 20.....	3	7	10	.....	2	2
20 to 30.....	18	24	42	9	8	17
30 to 40.....	22	19	41	11	11	22
40 to 50.....	23	14	37	10	9	19
50 to 60.....	19	26	45	7	7	14
60 to 70.....	8	11	19	3	1	4
70 to 80.....	12	4	16	.....	1	1
Over 80.....	4	1	5	.....	.....	.....
Unknown.....	5	2	7	.....	.....	.....
Total	114	108	222	40	39	79

LENGTH OF TIME UNDER CARE IN THE HOSPITAL OF THOSE DISCHARGED AS RECOVERED.

	Men.	Women.	Total.
Less than three months.....	12	11	23
From three to six months.....	17	9	26
From six to nine months.....	6	9	15
From nine months to one year.....	3	2	5
From one year to two years.....	1	5	6
From two to three years.....	.....	2	2
From three to four years.....	1	.....	1
From four to five years.....	.....	1	1
Total	40	39	79

DURATION OF INSANITY PRIOR TO ADMISSION.

	Men.	Women.	Total.
Deranged less than one month.....	14	21	35
One to three months.....	19	13	32
Three to six months.....	8	15	23
Six to nine months.....	6	8	14
Nine months to one year.....	9	3	12
One to two years.....	15	9	24
Two to three years.....	11	9	20
Three to four years.....	9	3	12
Four to five years.....	8	3	11
Five to ten years.....	5	10	15
Ten to fifteen years.....	4	5	9
Fifteen to twenty years.....	1	2	3
Twenty to twenty-five years.....	.....	1	1
Over twenty-five years.....	.....	2	2
Unknown.....	5	4	9
Total.....	115	107	222

FORM OF DERANGEMENT IN THOSE ADMITTED.

	Men.	Women.	Total.
Mania, acute.....	11	23	34
Mania, chronic.....	20	11	31
Mania, recurrent.....	4	12	16
Mania, puerperal.....	.....	5	5
Dementia, acute.....	5	1	6
Dementia, chronic.....	20	10	30
Dementia, senile.....	10	7	17
Melancholia, acute.....	6	15	21
Melancholia, chronic.....	11	10	21
General paralysis.....	6	.....	6
Epilepsy.....	9	3	12
Imbecility.....	1	6	7
Alcoholism.....	12	2	14
Typhomania.....	.....	2	2
Total.....	115	107	222

ALLEGED CAUSES OF INSANITY.

	Men.	Women.	Total.
Domestic affliction.....	2	6	8
Domestic troubles.....	2	11	13
Loss of property, business troubles, &c.....	10	2	12
Overwork and anxiety.....	5	3	8
Puerperal state.....	.....	6	6
Old age.....	5	4	9
Epilepsy.....	8	3	11
"La Grippe".....	5	5	10
General ill health.....	5	3	8
Intemperance.....	23	5	28
Sunstroke and heat exhaustion.....	5	.....	5
Paralysis.....	2	2	4
Vicious habits and indulgences.....	13	.....	13
Injury to head.....	5	.....	5
Congenital.....	1	5	6
Fright.....	1	3	4
Disappointed affections.....	.....	3	3
Valvular disease of the heart.....	.....	1	1
Uterine disease.....	.....	2	2
Menopause.....	.....	2	2
Jealousy.....	.....	1	1
Insomnia.....	.....	1	1
Indolence.....	.....	1	1
Specific.....	.....	1	1
Opium habit.....	.....	1	1
Apoplexy.....	1	.....	1
Cancer of the rectum.....	1	.....	1
Lead poisoning.....	1	.....	1
Religious excitement.....	1	.....	1
Renal diseases.....	1	.....	1
Unknown.....	18	37	55
Total.....	115	107	222

NATIVITY OF THOSE ADMITTED.

	Men.	Women.	Total.
New Jersey.....	75	71	146
New York.....	5	3	8
Pennsylvania.....	2	5	7
New Hampshire.....		1	1
North Carolina.....		1	1
Massachusetts.....	1		1
Vermont.....	2		2
Missouri.....	1		1
England.....	4	1	5
Scotland.....		1	1
Ireland.....	12	13	25
Germany.....	7	4	11
Denmark.....		3	3
Holland.....		1	1
Belgium.....	1		1
Italy.....	1		1
Russia.....		1	1
Poland.....		1	1
Delaware.....	1		1
Unknown.....	3	1	4
Total.....	115	107	222

HEREDITY.

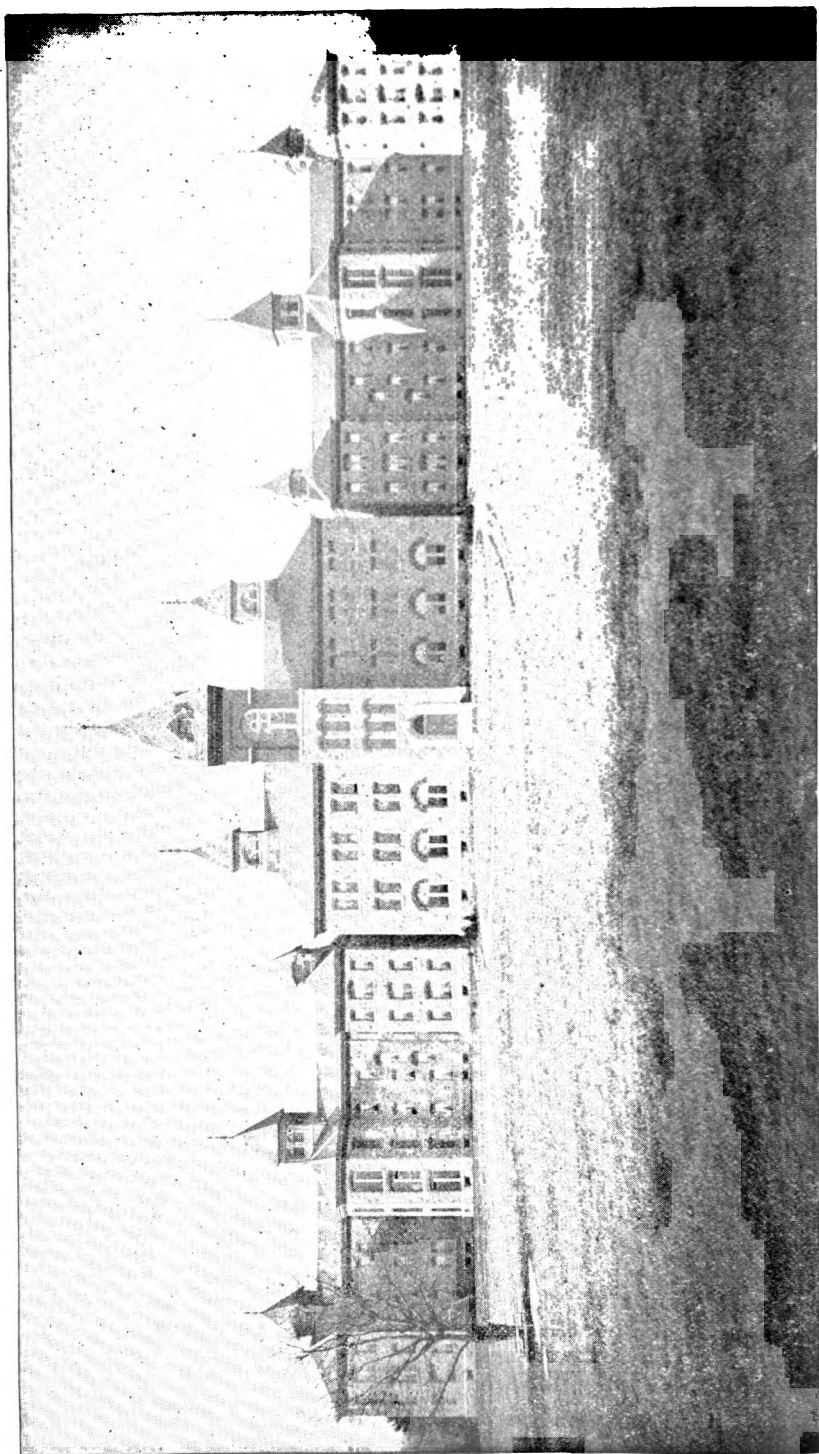
In 52 cases (25 men and 27 women) of those admitted during the year, there was acknowledged hereditary predisposition to insanity. In 22 cases (11 men and 11 women) the hereditary taint was in the paternal, and in 25 cases (11 men and 14 women) in the maternal line, and in five cases (3 men and 2 women) in both maternal and paternal lines. In 102 cases (42 men and 60 women) hereditary predisposition was denied, and in 68 cases (48 men and 20 women) the history of the patient was not known or not ascertained.

SUICIDAL TENDENCY.

In 27 cases (13 men and 14 women) there was a decided suicidal tendency, and in 20 cases (9 men and 11 women) suicide was threatened.

HOMICIDAL TENDENCY.

In 13 cases (7 men and 6 women) there existed a decided homicidal tendency, and in 22 cases (11 men and 11 women) homicide was threatened.



INTEMPERANCE.

In 41 cases (34 men and 7 women) there was acknowledged intemperance in the use of alcohol, and in 2 cases (1 man and 1 woman) in the use of opium.

INTEMPERANCE IN PARENTS.

In 19 cases (12 men and 7 women) the father of the patient was intemperate, and in 2 cases both father and mother.

CIVIL CONDITION.

One hundred and twelve cases (60 men and 52 women) were married, and 76 (40 men and 36 women) were single. Eight were widowers, 14 were widows, 2 were divorced, and in 10 cases the civil condition was unknown.

The re-admissions have been in excess of the average in consequence of the depression in business, causing financial troubles and want of employment.

There have been two (2) patients removed upon writs of *habeas corpus* and discharged by Vice Chancellor Bird on the ground of illegal commitment. I would respectfully refer you to the suggestions of your Medical Director in his last annual report upon the advisability of a change of the law committing patients to the Hospital.

AMUSEMENTS.

We have had during the late autumn, winter and spring, regular entertainments, consisting of minor theatricals, dances and stereopticon exhibitions, with explanations, for the benefit of the patients. These have been gotten up by the officers and employes of the institution, and have afforded much pleasure and diversion.

ACKNOWLEDGMENTS.

I am under obligations to my associates on the medical staff for their prompt and efficient co-operation in the management of the institution during the absence of the Medical Director.

To the Warden, also, I would extend my thanks for his courtesy and assistance as needed.

The following list of daily and weekly papers has been sent gratuitously for the use of the household. The home newspaper is always cordially welcomed, and we take much pleasure in thanking the editors and proprietors of the journals thus sent for their kindness in remembering those who have been committed to our care.

Daily True American	Trenton.
Daily State Gazette	Trenton.
Mercer County News.....	Trenton.
Trenton Times.....	Trenton.
Salem Sunbeam... ..	Salem.
National Standard	Salem.
South Jerseyman.....	Salem.
New Jersey Mirror.....	Mount Holly.
Mount Holly Herald.....	Mount Holly.
Mount Holly Despatch.....	Mount Holly.
Monmouth Democrat.....	Freehold.
Monmouth Inquirer.....	Freehold.
West Jersey Patriot.....	Bridgeton.
Bridgeton Chronicle.....	Bridgeton.
Elmer Times.....	Elmer.
Bound Brook Chronicle	Bound Brook.
Burlington Gazette.....	Burlington.
New Jersey Enterprise.....	Burlington.
Hunterdon County Democrat.....	Flemington.
Democrat-Advertiser	Flemington.
Home Visitor	Flemington.
Rahway Advocate.....	Rahway.
The Constitution	Woodbury.
Unionist-Gazette	Somerville.
Somerset Democrat.....	Somerville.
Beverly Banner	Beverly.
Ocean County Democrat.....	Toms River.
Hudson County Democrat	Hoboken.
Hudson County Journal (German).....	Hoboken.
Orange Sonntagsblatt (German).....	Orange.
Asbury Park Journal	Asbury Park.
Temperance Gazette	Camden.
South Jersey Times.....	Vineland.
Bote den Neun Kirche.....	Vineland.
Keyport Enterprise.....	Keyport.
Dover Index.....	Dover.
Iron Era	Dover.
Herald and Times.....	Atco.
Freie Presse (German).....	Elisabeth.

Atlantic Democrat-Times.....	Atlantic City.
Mays Landing Record.....	Mays Landing.
Hopewell Herald.....	Hopewell.
Metuchen Inquirer	Metuchen.
Beobachter (German).....	Egg Harbor.
Central New Jersey Times.....	Plainfield.
Plainfield News	Plainfield.
The Advance	Jamesburg.
Glassboro Enterprise.....	Glassboro.
Times and Journal.....	Lakewood.
Warren Republican.....	Hackettstown.
Warren Tidings.....	Washington.
Sand Burr.....	Riverside.
Newtown Enterprise	Newtown, Pa.
Messiah's Herald.....	Boston, Mass.
Sunday Standard	Newark.

The American Sunday School Union has also sent us regularly several hundred copies of its publications, which have given much pleasure to our patients.

We are also greatly indebted for dramatic entertainments to the J. W. Stokes Company; to a company under the direction of Mr. R. B. Whitehead, and another under the direction of Mr. James H. Tindall, all of which were much appreciated and greatly enjoyed by the members of our household.

Respectfully submitted,

JOHN KIRBY,

Acting Medical Director.

N. B.—Dr. John W. Ward, Medical Director, after twenty-eight years of continuous service in this institution, was granted a vacation of three months by the Board of Managers, which he proposed to spend principally in visiting the leading institutions for the treatment of the insane in Great Britain and Ireland, and on the Continent of Europe, so far as the time would allow.

ADMISSION OF PATIENTS.*

Private patients, or those supported by themselves or their friends, are admitted to the Hospital, when there are vacancies, on their complying with the directions and forms contained in chapters nineteen, twenty, twenty-one and twenty-two of the by-laws of the institution, which are in substance as follows :

That patients of all classes be made perfectly clean and free from any contagious or infectious disease; that they be provided with suitable clothing, and sufficient in quantity for one or more changes; that a written history of the patients be sent with them, or that they be accompanied by a person capable of giving such information; and that a "request for admission" be made by some friend or near relative; and that a "certificate of insanity," by two respectable physicians, under oath or affirmation, be brought with the patient; and lastly, that a "bond," with satisfactory sureties, be given for the payment of their expenses, such payment being made quarterly, in advance, and for their removal when discharged. The forms of "request for admission," "certificate of insanity," and "bond for support," are as follows :

PRIVATE PATIENTS.—FORM OF REQUEST.

To the Medical Director of the New Jersey State Hospital at Trenton :

The undersigned, of the township of.....in the county of..... is desirous of placing in the New Jersey State Hospital at Trenton, and hereby requests the admission therein, of.....of the township of.....in the county of.....who is aged.....and has been (here state occupation, profession or business of the person). He (or she) is a native of.....in the State of..... and is (state what the relationship or circumstances of connection may be) of the

*Application for admission of patients, if made by letter, should be addressed to the Medical Director.

undersigned. (There should follow a written history of the case, stating the alleged cause of the insanity, when it commenced, and all the particulars of the case.)

Dated....., 18...

PRIVATE PATIENTS.—CERTIFICATE OF INSANITY.

STATE OF NEW JERSEY, }
County of..... } ss.

We.....of the township of.....in the county of.....
and.....of the township of.....and county of..... being duly
sworn, on our oaths do say that we have examined into the state of
health and mental condition of.....of the township of.....in the
county of.....and that.....is, in our opinion, insane, and a
proper subject to be sent to the New Jersey State Hospital at Trenton.

.....M.D.

.....M.D.

PRIVATE PATIENTS.—FORM OF BOND.

Know all men by these presents that we.....of the township of
.....in the county of.....are held and firmly bound unto.....
Treasurer of the New Jersey State Hospital at Trenton, and his suc-
cessors in office, in the sum of one thousand dollars, for the payment
of which we jointly and severally bind ourselves by these presents.

Sealed with our hands and dated this.....day of.....18...

WHEREAS.....of the township of.....in the county of.....
a lunatic, has been admitted a boarder in the New Jersey Hospital at
Trenton: Now, therefore, the condition of this obligation is, that if
the said obligors shall pay to the Treasurer, or his successors in
office, the sum of.....dollars and.....cents per week for the
board of said lunatic, so long as.....shall continue a boarder in said
Hospital, with such extra charges as may be occasioned by.....
requiring more than ordinary care and attention, and shall provide
for.....suitable clothing and pay for all such articles as shall be
procured for.....by the Warden of the Hospital, and shall remove
.....from the Hospital whenever the room occupied by.....
shall be required for a class of patients having preference by law, or,

in the opinion of the Medical Director, to be received into the said Hospital; and if.....should be removed at the request of before the expiration of six calendar months after reception, then if said obligors shall pay board for twenty-six weeks, unless..... should sooner be cured, and if they shall also pay not exceeding fifty dollars for all damages.....may do to the furniture or other property of the Hospital, and for reasonable charges in case of death, such payment for board and clothing to be made quarterly, in advance, from date of admission, and at the time of removal, with interest on each bill, from on and after the same becomes due, then this obligation to be void; otherwise to remain in force.

..... [L. S.]

..... [L. S.]

Signed and sealed in the presence of.

INDIGENT PATIENTS.—FORM OF ORDER, ETC., FOR JUDGES.

I.....one of the Judges of the Court of Common Pleas of the county of.....and State of New Jersey, do hereby report that application has been made to me on behalf of.....a resident of the township of.....in said county, alleged to be insane and in indigent circumstances; and that pursuant to an act of the Legislature in such case made and provided, I have called before me Dr.....a respectable physician, and other credible witnesses, to wit (state names), and having examined them and fully investigated the case, and not deeming it necessary to call a jury, I do hereby decide and certify that satisfactory proof has been adduced before me, showing the said..... to be an insane person, and that.....has not sufficient means or estate to support.....under said visitation.

Given under my hand and seal at.....in the county and State aforesaid, this.....day of.....in the year of our Lord one thousand eight hundred and.....

.....Judge, &c.

.....COUNTY, ss.

I.....being duly sworn according to law, do certify and declare that I have examined into the state of health and mental condition of.....of the township of.....of said county of.....and that I am of the opinion that.....is insane.

.....Physician.

Sworn and subscribed before me, this.....day of.....A. D. 18...
Judge, &c.

Approved :

.....Chosen Freeholder of the township of.....in the
 county of.....

STATE OF NEW JERSEY, } ss.
 County of.....

I.....Clerk of the county of.....do hereby certify that the
 foregoing is a true copy of the report and certificate of.....one of
 the Judges of the Court of Common Pleas of said county, in the case
 of.....and also the certificate of Dr.....thereunto appended, as
 filed in my office, that the foregoing is a true copy of the indorsement
 thereon, and that.....whose name is signed to the said indorsement
 of approval, is a member of the Board of Chosen Freeholders of said
 township, in said county, and that said signature is in his proper
 handwriting. In witness whereof, I have hereunto set my hand and
 seal of office, at.....this.....day of.....A. D. 18...

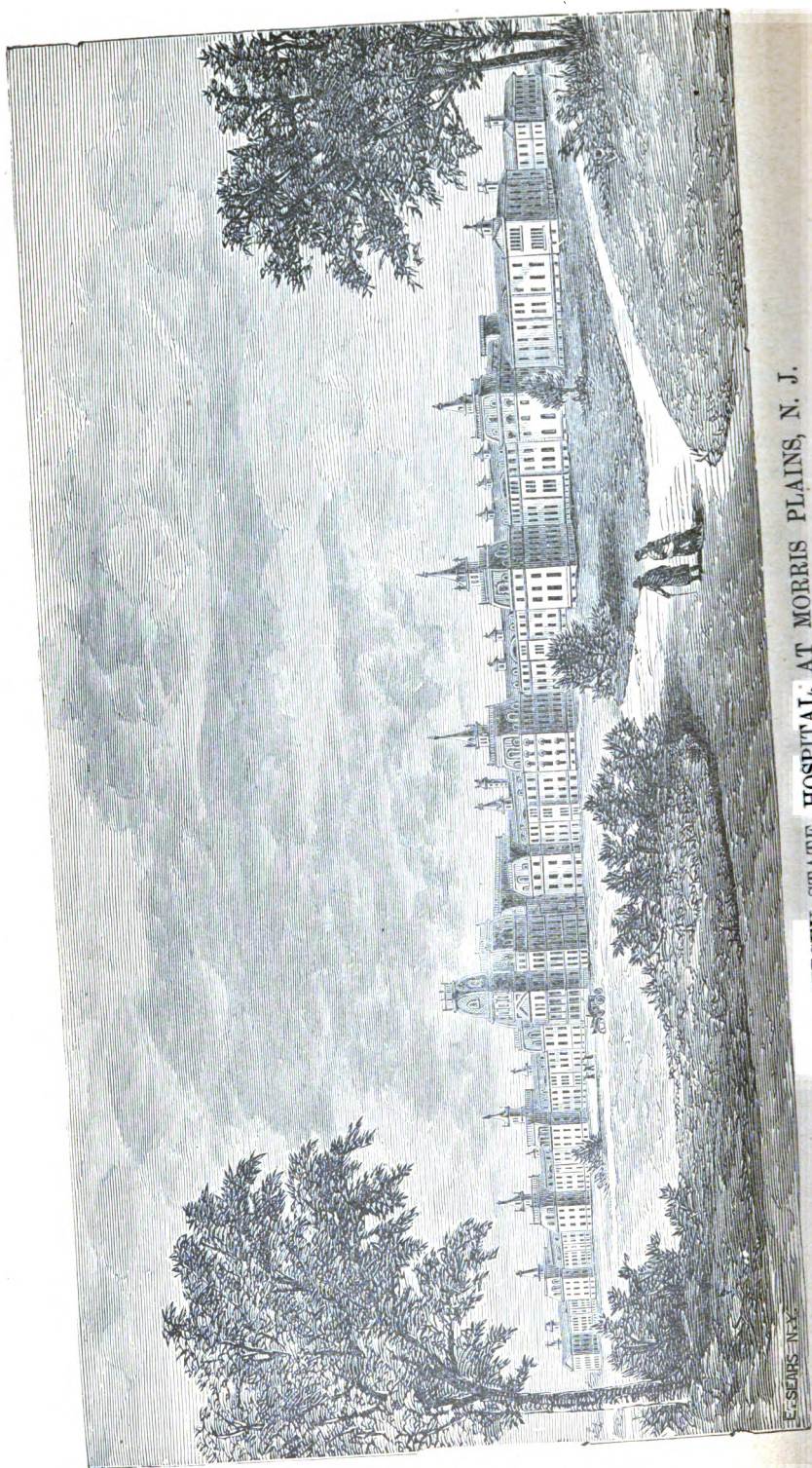
[L. S.]

.....Clerk.



NEW JERSEY STATE HOSPITAL, AT MORRIS PLAINS, N. J.

E. SEARS N.Y.C.



NEW JERSEY STATE HOSPITAL, AT MORRIS PLAINS, N. J.
(PERSPECTIVE VIEW.)

NINETEENTH ANNUAL REPORT

OF THE

RESIDENT OFFICERS

OF THE

NEW JERSEY STATE HOSPITAL

AT MORRIS PLAINS,

For the Year ending October 31st,

1894.

(58)

RESIDENT OFFICERS.

MEDICAL DEPARTMENT.

BRITTON D. EVANS, M.D.,	Medical Director.
ELIOT GORTON, M.D.,	Assistant Physician.
THOMAS P. PROUT, M.D.,	{ Second Assistant Physician and Pathologist.
PETER S. MALLON, M.D.,	Third Assistant Physician.
M. L. PERRY, M.D.,	Fourth Assistant Physician.

BUSINESS DEPARTMENT.

MOSES K. EVERITT,	Warden.
GUIDO C. HINCHMAN,	Treasurer.

TREASURER'S REPORT.

To the Managers of the New Jersey State Hospital at Morris Plains:

GENTLEMEN—The Treasurer of the New Jersey State Hospital at Morris Plains respectfully submits the following abstract of receipts and disbursements from November 1st, 1893, to October 31st, 1894, inclusive:

RECEIPTS.

Balance on hand.....	\$13,539 76
From State Treasurer for convict patients	\$16,221 35
From State Treasurer for county patients.....	44,312 42
From sundry counties for maintenance of county patients..	162 782 01
From private patients.....	49,127 49
From hides, tallow, &c.....	6,760 60
From First National Bank, Morristown, N. J., for interest..	51 62
	279,255 49
	\$292,795 25

DISBURSEMENTS.

On orders of Warden.....	\$262,013 30
Balance in Treasurer's hands.....	30,781 95
	\$292,795 25

G. C. HINCHMAN,

Treasurer.

Dated at the New Jersey State Hospital
at Morris Plains, November 8th, 1894.

We hereby certify that we have examined the Treasurer's accounts and compared the same with his books and vouchers, and find them in accordance with the above statement, and correctly stated and balanced.

GEORGE B. JENKINSON,

PATRICK FARRELLY,

LEWIS PARKER,

Auditing Committee.

The New Jersey State Hospital
at Morris Plains, November 8th, 1894.

(57).

REPORT OF THE WARDEN.

(59)

WARDEN'S REPORT.

To the Board of Managers of the State Hospitals:

GENTLEMEN—The annual inventory and appraisement made as required by your by-laws and the organic law under which the New Jersey State Hospital at Morris Plains is operated, show a total valuation of the personal property belonging to this Hospital of one hundred and forty thousand three hundred and fifty-eight dollars and twenty-five cents (\$140,358.25). The appraisers, Mr. Jas. P. Sullivan and Mr. Chas. A. Baker, appointed by your Board to assist in this work, have rendered valuable assistance therein, and thanks are due them for their painstaking care and close attention to the minute details of the work.

The abstract of accounts for the year ending October 31st, 1894, shows—

Total receipts from November 1st, 1893, to November 1st, 1894.....	\$292,795 25
Total disbursements.....	262,013 30
	\$30,781 95
Cash balance.....	\$30,781 95
Including with this balance the amounts due for maintenance and already earned, there is an available cash resource of.....	\$61,979 43
There is also in store, according to the inventory and estimation of the appraisers, based on the actual cost price at wholesale to the house, fuel and subsistence valued at.....	18,936 36
The total amount of liabilities, which includes bills on file, October pay roll, maintenance accounts paid in advance, &c., is.....	34,511 92

This shows a material increase over the financial statements of previous years, but this result has not been accomplished at the expense of curtailment in the liberal line of improvements which have been prosecuted during the last three years.

IMPROVEMENTS.

The principal lines of improvements on the outside have been road-building, fence-building and additions and repairs to buildings already erected, or in course of construction. All roads built have had stone foundations, and are well drained and substantially made.

The number of yards of road built is three hundred and thirty-five (335); the number of yards of picket fence built is nine hundred and fifty-three (953); two hundred and twenty-five (225) panels of chestnut post-and-rail fence were also made.

The new barns and sheds for the horses and farm implements have been completed at a total cost of sixteen thousand seven hundred and forty-eight dollars and seventy-five cents (\$16,748.75); barn, ten thousand seven hundred and fourteen dollars and six cents (\$10,714.06); sheds and blacksmith shop, six thousand and thirty-four dollars and sixty-nine cents (\$6,034.69).

Two of the old buildings have been moved to different parts of the grounds, one for a storage-house along the railroad track, and the other to the garden, and to this a cellar and sheds have been added. The upper story has been fitted up for the use of the men employed in the garden, and the lower story and cellar are for the various uses required for garden tools and products. The old tool and seed-house, situated near the greenhouse, has been refitted and added to, and will be occupied by the florist.

The stone wall inclosing the cow-yard has been completed. Two sheds, one one hundred and twenty (120) feet by twenty-five (25) feet, the other one hundred (100) feet by twenty-five (25) feet, for the protection of the cattle, are to rest on part of this wall, and their erection is already begun. New and larger hay racks have also been built in the cow-yard.

The gas-house has received the usual repairs, and the masons have in addition built one thousand four hundred (1,400) perches of masonry in the prosecution of various improvements. All the fences built have been painted, and the painting of the interior of the Hospital has been continued till nearly all the wards, except those on the fourth floor, are painted; in addition many of the rooms and stairways have been painted. The usual repairs to the plumbing of the Hospital have been attended to.

The laundry has been improved by the building of a new drying-room, in which a blast of hot air is used in place of the old method of drying by heat radiated from steam-pipes in a room without ventilation. The new process gives the advantage of a current of fresh air taking off the moist vapors from the clothes, and is about four times more rapid than the old method.

FARM AND GARDEN.

The dairy has produced a larger amount of milk than ever before, namely, a daily average of six hundred and nine (609) quarts. This has been done with a less number of cows than in previous years.

The decrease in the returns from the hogs is due in part to the lower price of pork, and in part to the less thrifty condition of the stock during the spring and early summer months. Whether the lack of thrift was attributable to lack of hardiness in the stock purchased, or to their surroundings here, it has been impossible to ascertain. The pens have been thoroughly renovated and a new lot of hogs bought, which are now growing vigorously. Two thousand two hundred and forty-four dollars and sixty-nine cents (\$2,244.69) have been realized from hogs sold during the year, and the stock on hand is worth, at current prices, fifteen hundred dollars (\$1,500).

The severe drought of the past summer has tended to decrease the amount of farm produce. Even under these conditions, the hay crop shows two hundred and fifty (250) tons, to one hundred and fifty (150) tons of last year. The potato yield surpasses all previous records, reaching forty-seven hundred (4,700) bushels of merchantable potatoes, including the yield of farm and garden, exclusive of five hundred (500) bushels of small potatoes.

The garden has supplied us with an abundance of vegetables, notwithstanding that the drought was the most severe experienced for several year past. The appendix shows the farm and garden products to about equal those of last year. Reference is made to the same for detailed information of the various products.

The greenhouses are crowded to their utmost capacity with plants. Most of them have been grown within the past year or two by our florist, thus bringing about a splendid return with but little outlay. The report of cut flowers, as made by the florist, shows only part of the product from this outlay. The plants used in the beds on the

lawns in the summer and for the decoration of the various wards in winter, would have been impossible of attainment without our green-houses. But the satisfactory results obtained are due to the industry, judgment and taste of our florist, even more than to our equipments.

ACKNOWLEDGMENTS.

For gratuitous copies of the following-named papers, we are indebted to their publishers :

The Reporter	West Hoboken.
The Observer.....	West Hoboken. .
The Jersey City News.	Jersey City.
The New Jersey Staats Zeitung.....	Jersey City.
Jersey City Democrat.....	Jersey City.
The Evening Journal.....	Jersey City.
Hudson County Journal.....	Hoboken.
The Kearny Record.....	Harrison.
The Evening News	Hoboken.
The Bayonne Budget.....	Bayonne.
The Kearny Observer	{ Kearny and Arlington.
Hudson County Revue	Town of Union.
The Hunterdon County Democrat.....	Flemington.
Home Visitor.....	Flemington.
Hunterdon Independent.....	Frenchtown.
The Clinton Democrat.....	Clinton.
The Lambertville Record	Lambertville.
Hunterdon Republican.....	Flemington.
Democrat Advertiser	Flemington.
Hunterdon Gazette	High Bridge.
The Weekly Avalanche.....	Glen Gardner.
The Milford Leader.....	Milford.
The Frenchtown Star	Frenchtown.
The Morris County Chronicle.....	Morristown.
The True Democratic Banner.....	Morristown.
The Evening Express.....	Morristown.
The Iron Era.....	Dover.
Dover Index.....	Dover.
Rockaway Record	Rockaway.
The Boonton Weekly Bulletin.....	Boonton.
The New Jersey Herald	Newton.
Sussex County Democrat.....	Newton.
The Post.	Phillipsburg.
The Warren Republican.....	Hackettstown.
The Warren Tidings	Washington.

The Warren Journal.....	Belvidere.
The Washington Star.....	Washington.
Warren Democrat.....	Phillipsburg.
The Morning Call.....	Paterson.
Paterson Daily Guardian.....	Paterson.
Paterson Daily Press.....	Paterson.
Paterson Volks Freund.....	Paterson.
Paterson Labor Standard.....	Paterson.
De Telegraf.....	Paterson.
Passaic County Journal.....	Paterson.
Paterson Evening News.....	Paterson.
The Item.....	Passaic.
Passaic Daily News.....	Passaic.
Passaic City Record.....	Passaic.
The Union County Standard.....	Westfield.
Westfield Leader.....	Westfield.
The Cranford Chronicle.....	Cranford.
The Constitutionalist.....	Plainfield.
The Daily Press.....	Plainfield.
The Summit Herald.....	Summit.
The Summit Record.....	Summit.
Elizabeth Daily Journal.....	Elizabeth.
Union County Record.....	Elizabeth.
Freie Presse.....	Elizabeth.
Central New Jersey Herald.....	Elizabeth.
The Union Democrat.....	Rahway.
New Jersey Advocate.....	Rahway.
The Bergen County Democrat.....	Hackensack.
The Hackensack Republican.....	Hackensack.
The Bergen Index.....	Hackensack.
The Englewood Times.....	Englewood.
Bergen County Herald.....	Rutherford.
Carlstadt Freie Presse.....	Carlstadt.
The Newark Times.....	Newark.
The Newark Sunday Call.....	Newark.
Town Talk.....	Newark.
New Jersey Trade Review.....	Newark.
New Jersey Deutsche Zeitung.....	Newark.
Newark Evening News.....	Newark.
South Orange Bulletin.....	South Orange.
Newark Tribune.....	Newark.
Newark Pioneer.....	Newark.
East Orange Gazette.....	East Orange.
The Bloomfield Citizen.....	Bloomfield.
The Bloomfield Record.....	Bloomfield.
The Newark Sunday Times.....	Montclair.
The Newark Item (6 copies).....	Newark.
The Orange Journal.....	Orange.

Orange Sonntagsblatt.....	Orange.
The Short Hills Item.....	Short Hills.
Star of the Cape.....	Cape May City.
The Advance.....	Jamesburg.
The Middlesex County Democrat.....	Perth Amboy.
Southwestern Presbyterian.....	New Orleans, La.

In conclusion, I wish to mention the pleasant relations existing between the two departments, and also to express my appreciation of the faithful and cheerful manner in which all the employes of my department have performed their duties.

Respectfully submitted,

M. K. EVERITT,

Warden.

The New Jersey State Hospital
at Morris Plains, Nov. 8th, 1894.

ABSTRACT OF ACCOUNTS.

For the Fiscal Year Ending October 31st, 1894.

G. C. HINCHMAN, TREASURER.

Dr.

To balance October 31st, 1893.....	\$13,539 76
To amount received for board, clothing and incidental expenses of private patients.....	49,127 49
To amount received for board, clothing and incidental expenses of county patients.....	162,782 01
To amount received from State Treasurer for county patients.....	44,312 42
To amount received from State Treasurer for convict patients.....	16,221 35
To amount received for hides, tallow, &c.....	3,273 58
To amount received from sundries, rags, &c.....	1,130 83
To amount received for hogs and pigs.....	2,244 69
To amount received for rents.....	111 50
To amount received for interest.....	51 62
	<hr/>
	\$292,795 25

Cr.

Amusements	\$831 01
Books and stationery	1,460 17
Bedding, linen, &c.....	4,340 48
Clothing.....	9,096 12
Crockery and cutlery.....	560 13
Farm and garden.....	14,543 82
Fixtures.....	1,319 48
Flour	4,553 68
Feed	4,329 82
Fencing.....	583 98
Fruit.....	1,608 55
Freight	3,703 93
Furniture	5,015 16
Fuel.....	13,005 96
Funeral expenses.....	715 00
Gas and steam-pipe and fittings.....	1,180 98
Grounds and grading.....	5,820 89
Hay and straw.....	48 59
Harness, wagons, &c.....	388 84

Household goods	\$1,529 94
Improvement of buildings.....	12,582 74
Insurance.....	275 00
Incidental, including soap, waste, combs, brushes, &c.....	2,135 90
Laundry	4,839 64
Light, including gas used in laundry and for cooking.....	6,740 16
Medical supplies.....	3,186 99
Medical library.....	249 20
Newspapers	78 50
Provisions and groceries	87,288 06
Postage.....	665 47
Pathological department.....	361 44
Refunding.....	1,719 59
Repairs.....	7,628 75
Smith and wheelwright.....	1,453 61
Stock	5,846 44
Tinware and fixtures	608 37
Tools and supplies, boiler-house and machine.....	1,869 93
Telegrams, telephone rental, &c.....	440 58
Vegetables.....	945 00
Wages	48,671 90
	<hr/>
	\$262,013 90
Balance October 31st, 1894.....	30,781 95
	<hr/>
	\$292,795 25

APPENDIX TO WARDEN'S REPORT.

FARM AND GARDEN PRODUCTS.

DAIRY AND FARM, 1894.

222,495 Quarts milk.....	@ \$0 04½	\$10,012 28
200 Dozen eggs.....	22	44 00
250 Tons hay.....	18 00	4,500 00
25 Tons rye straw.....	15 00	375 00
600 Bushels rye.....	60	360 00
620 Bushels cider apples.....	15	93 00
200 Bushels selected apples.....	75	150 00
90 Bushels baking apples.....	50	45 00
11 Bushels crab-apples.....	1 00	11 00
700 Quinces.....	2	14 00
3,800 Bushels potatoes.....	75	2,850 00
500 Bushels small potatoes.....	50	250 00
1,000 Bushels cow-horn turnips.....	30	300 00
28 Weeks' pasture for 65 head of stock.....	50	845 00
		<hr/> \$19,849 28

STOCK.

5,694 Pounds veal (36 calves).....	@ \$0 10	\$569 40
54 Cattle slaughtered (30,024 pounds).....	7	2,101 68
40 Fowls.....	50	20 00
Hogs sold.....	.....	<hr/>2,244 69
		4,935 77

GARDEN, 1894.

1,150 Bushels tomatoes.....	@ \$0 50	\$575 00
450 Bushels carrots.....	50	225 00
300 Bushels parsnips.....	50	150 00
700 Bushels beets.....	50	350 00
850 Bushels mangel-wurzels.....	40	340 00
400 Bushels rutabaga turnips.....	40	160 00
600 Bushels flat turnips.....	35	210 00
400 Bushels Yellow Stone turnips.....	35	140 00
900 Bushels potatoes.....	75	675 00
125 Bushels onions.....	1 00	125 00
200 Bushels apples, selected.....	75	150 00
600 Bushels spinach.....	50	300 00
450 Bushels kale.....	35	157 50

(69)

600 Bushels bush beans	\$0 70	\$420 00
200 Bushels Lima beans.....	75	150 00
500 Bushels peas.....	1 00	500 00
100 Bushels cucumbers.....	80	80 00
50 Bushels cucumber pickles	1 50	75 00
15 Bushels onion sets.....	5 00	75 00
10 Bushels onions, pickling.....	4 00	40 00
45 Bushels horseradish.....	1 25	56 25
25 Bushels okra.....	1 00	25 00
40 Bushels oyster-plant.....	1 25	50 00
200 Bushels grapes.....	2 00	400 00
150 Bushels squash.....	45	67 50
25,000 Heads celery.....	3	750 00
15,500 Heads cabbage.....	5	775 00
16,000 Heads lettuce	2	320 00
2,000 Heads cauliflower	10	200 00
20,000 Bunches onions	2	400 00
35,000 Bunches radishes	3	1,050 00
3,000 Bunches carrots.....	2	60 00
5,000 Bunches asparagus.....	12	600 00
8,000 Bunches rhubarb	5	400 00
2,500 Bunches parsley.....	3	75 00
1,500 Bunches leeks.....	3	45 00
500 Bunches celery for soup.....	5	25 00
100 Bunches sage	5	5 00
100 Bunches thyme	5	5 00
100 Bunches sweet marjoram.....	5	5 00
100 Bunches savory	5	5 00
500 Baskets peaches	50	250 00
40 Baskets pears (Early Tyson).....	1 00	40 00
25 Baskets pears (Osborne)	50	12 50
40 Baskets pears (Sheldon).....	75	30 00
45 Baskets pears (Bartlett)	75	33 75
10 Baskets pears (stewing).....	40	4 00
45 Baskets pears (Davids' Seedling).....	75	33 75
10 Baskets pears (Burrie Bose).....	1 00	10 00
75 Baskets pears (Seckel).....	60	45 00
15 Baskets pears (Burrie Diel).....	1 00	15 00
6,000 Muskmelons.....	5	300 00
25,000 Ears sweet corn.....	1	250 00
200 Ears sweet corn, for seed.....	3	6 00
1,150 Bundles cornstalks	5	57 50
350 Pumpkins.....	5	17 50
3,000 Peppers.....	1	30 00
1,000 Quinces.....	3	30 00
500 Egg plants	5	25 00
1,500 Quarts blackberries	10	150 00 :
1,600 Quarts raspberries.....	10	160 00
300 Quarts currants.....	10	30 00

6,000 Quarts strawberries.....	\$0 10	\$600 00	
300 Quarts cherries.....	12	36 00	
5 Bushels peas, for seed.....	4 00	20 00	
5 Bushels beans, for seed.....	6 00	30 00	
			\$12,432 25
			\$37,217 30

CUT FLOWERS AND PLANTS FURNISHED, 1894.

CUT FLOWERS.

Roses	35,000
Carnations	15,500
Bunches of violets.....	500
Chrysanthemums	1,600
Pansies	1,000
Asters	1,400
Mignonette	500
Bouvardia.....	150
Stevia	500
Calla lilies.....	200
Easter lilies.....	75
Heliotrope.....	200
Hyacinth (Roman)	250
Tulips.....	200
Sweet William.....	200
Foxglove.....	75
Bunches of sweet peas.....	200
Daffodils	75
Gladiolus.....	150
Tube roses.....	150
Bunches of cosmos.....	150
Sprigs of smilax.....	75

BEDDING AND DECORATIVE PLANTS GROWN FOR SEASON 1894.

Geraniums.....	1,500
Coleus	4,000
Alternanthera	2,000
Roses	1,200
Carnations	900
Pansies	1,500
Daisies	1,000
Forget-me-nots.....	500
Begonia	1,000
Petunia, single.....	600
Chrysanthemums	500
Scarlet sage.....	500
Tulips.....	2,000
Hyacinths	500
Canna Indica.....	300

Caladium.....	150
Crotons.....	150
Acalypha	75
Cineraria	250
Chinese primula.....	200
Stevia	150
Easter lilies	125
Calla lilies.....	100
Petunia (double).....	150
Ageratum	500
Oastor beans.....	18
Heliotrope	100

ACCOUNT OF FRUITS, &c., CANNED AND PRESERVED.

Currant jam.....	172 pounds.
Raspberry jam.....	44 pounds.
Quince jelly	14 pounds.
Quinces	50 gallons.
Crab-apples	8 gallons.
Tomatoes	240 gallons.
Peaches.....	148 gallons.
Pears.....	15 gallons.
Strawberries.....	8 gallons.
Cherries	15 gallons.
Plums	4 gallons.

ARTICLES MADE IN SEWING-ROOM, 1894.

Sheets	1,730
Sheets (double).....	67
Pillow-cases.....	1,939
Hand towels.....	1,125
Roller towels.....	244
Dish towels.....	892
Table-cloths	67
Napkins.....	108
Kitchen aprons.....	130
Chef's aprons.	12
Barber's aprons.....	6
Curtains.....	71
Curtain bands.....	92
Bed spreads.....	146
Blankets.....	458
Clothes bags.....	21
Boys' shirts.....	2
Night shirts.....	2
Chemise	649

NEW JERSEY STATE HOSPITALS.

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Ladies' drawers.....	237
Underwaists.....	318
Petticoats.....	528
Night dresses.....	14
Burial robes.....	33
Burial skirts.....	33
Burial chemise.....	33
Burial sheets.....	33
Dresses.....	814
Dress waists.....	15
Dress skirts.....	1
Wrappers ..	12
Dresses altered.....	6
Total number of pieces.....	9,838

RETURN OF WORK DONE IN MATTRESS-ROOM AND SHOE-SHOP.

Single hair mattresses made, new.....	653
Double hair mattresses made, new.....	16
Single hair mattresses made over.....	872
Double hair mattresses made over.....	25
Hair pillows made, new.....	663
Hair pillows made over.....	1,982
Single mattress ticks made, new.....	664
Double mattress ticks made, new.....	17
Pillow ticks made, new.....	934
Feather pillows made, new.....	102
Sofa pillows made, new.....	16
Pieces of furniture upholstered.....	127
Large hall carpets made, new.....	7
Large hall carpets made over.....	2
Connecting hall carpets made, new.....	4
Alcove carpets made, new.....	8
Parlor carpets made, new.....	5
Room carpets made, new.....	327
Room carpets made over.....	96
Carpets taken up.....	407
Carpets laid.....	632
Carpets repaired.....	76
Rooms laid with linoleum.....	4
Chairs caned.....	239
Settees caned.....	8
Bed protectors made, new.....	406
Holland window shades made, new.....	395
Long window curtains made, new.....	6
Long window curtains hung (pairs).....	34
Ottomans made, new.....	37
Carpet doormats made, new.....	36

Pairs of holders for bakery and boiler-house.....	169
Pieces of harness repaired.....	27
Pieces of harness made, new.....	12
Horse blankets repaired.....	8
Bed protectors repaired.....	160
Yards of carpet hemmed.....	703
Yards of carpet bound.....	197
Sets of mangle aprons made, new.....	6
Sets of mangle aprons repaired.....	4
Chair cushions made, new.....	32
Large awnings made, new.....	3
Awnings put up.....	25
Awnings taken down.....	25
Mattress ticks repaired.....	78
Window shades repaired.....	127
American flags made new (size of each 10 by 22 feet).....	3
Pairs of boots, shoes and slippers repaired.....	1,462
Total number of pieces.....	11,811

ARTICLES MADE IN TIN-SHOP, 1894.

Large kettle (kitchen).....	1
Feed measures (stable).....	4
Large sprinkling pot.....	1
Coffee pots.....	6
Tea pots.....	7
Brass strainers.....	2
Large round pans (kitchen).....	2
Diet cups (store-room).....	132
Joints Russia-iron pipe.....	3
Small strainer.....	1
Large strainer and pipe for sewer.....	1
Russia-iron bread pans (bakery).....	200
Large oval boilers (kitchen).....	8
Large flats (kitchen).....	6
Round cake pan (kitchen).....	1
Large bread box (kitchen).....	1
Soup dippers (kitchen).....	2
Wash basins (store-room).....	15
Joints Russia-iron pipe (stable).....	9
Large square flats (kitchen).....	40
Large boxes (slaughter-house).....	2
Spice box.....	1
Large square pans (kitchen).....	6
Large dish pans (kitchen).....	12
Galvanized shuttes (stable).....	6
Large oval pans (store-room).....	12
Small flats (store-room).....	62

Gallon cans (stable).....	2
Drinking cups (store-room).....	100
Shutes, 12 by 8 inches (stable)	2
Stalls covered (stable) ..	19
Dust pans (store-room).....	24
Tables covered with zinc (kitchen).....	5
Table covered with zinc (bakery)	1
Large pans (store-room).....	24
Round copper pans (ironing-room)	6
Leader strainers.....	18
Large shute (stable).....	1
Galvanized pump, 4 feet.....	1
Large pudding pan (kitchen).....	1
Molasses cans (store-room).....	36
Large drip pans (florist).....	2
Marble-dust chest lined (bakery).....	1
Stand covered (bakery)	1
Milk pitchers (store-room).....	24
Round pudding-pans (kitchen).....	72
Diet cups (store-room).....	48
Large dippers (store-room).....	8
Large oval boiler (kitchen)	1
Large dinner-boxes (kitchen).....	18
Leaders (blacksmith shop).....	2
Boxes lined (pig pens).....	2
Pails (store-room).....	24
Plumber's fire pot.....	1
Large tea kettles (store-room).....	12
Butter-boxes.....	144
Heating-flues lined (office).....	2
Steam closet lined (special dining-room)	1
Flashing (sheds).....	85 ft.
Ten-inch galvanized pipe (kitchen).....	16 ft.
Lining to kitchen pantry.	
Erecting flues (laundry).	
Repairs to 400 fruit cans.	
Repairs to hose-reels	
Repairs to kitchen boilers and utensils.	
Repairs to locks, keys, bells, &c.	

MEDICAL DIRECTOR'S REPORT,
WITH
PATHOLOGICAL SUPPLEMENT.

(77)

REPORT OF THE MEDICAL DIRECTOR.

To the Board of Managers:

GENTLEMEN—I herewith present to you the nineteenth annual report of the Medical Department of the New Jersey State Hospital at Morris Plains, which includes the pathological supplement prepared by Dr. Thomas P. Prout. The statistical tables of this report have been carefully compiled, and give in a condensed form the larger part of the more interesting data of my department; there are, however, some matters of interest and importance that cannot be conveniently tabulated that I have endeavored to set forth in the body of the report as tersely as possible, to be explicit. While I have deviated somewhat from previous reports in making mention of some of the medicines and therapeutic agencies used, I have not thought it proper to make extensive therapeutic notes, or to burden the report with a large number of the various forms and modes of medication employed, confining myself to the more important ones upon which my assistants and I have made careful observations.

TABLE I.

SHOWING THE ADMISSIONS, RE-ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR ENDING OCTOBER 31st, 1894.

	Men.	Women.	Total	Men	Women.	Total.
In the Hospital October 31st, 1893.....	.....	.....	.....	509	500	1,009
Patients admitted—						
First admission.....	102	103	205	.....	.....	.....
Not first admission.....	13	21	34	.....	.....	.....
Total admitted during the year,.....	.....	.....	.....	115	124	239
Total number of patients under treatment during the year.....	.....	.....	.....	624	624	1,248
Patients discharged—						
Restored.....	29	30	59	.....	.....	.....
Improved ..	12	16	28	.....	.....	.....
Unimproved.....	2	11	13	.....	.....	.....
Died.....	60	37	97	.....	.....	.....
By elopement.....	1	.....	.....	.....	.....	.....
Total discharged and died.....	.....	.....	.....	104	94	198
Remaining in the Hospital.....	.....	.....	.....	520	530	1,050
Of this number there are, Public.....	453	471	924	.....	.....	.....
Private.....	67	59	126	.....	.....	.....
Total.....	.....	.....	.....	520	530	1,050
Whole number admitted from August 17th, 1876, to October 31st, 1894.....	.....	.....	.....	2,142	1,956	4,098
Whole number discharged during the same period of time—						
Restored.....	440	407	847	.....	.....	.....
Improved.....	406	416	822	.....	.....	.....
Unimproved.....	130	145	275	.....	.....	.....
Died.....	640	458	1,098	.....	.....	.....
By elopement.....	6	.....	.....	.....	.....	.....
Whole number discharged and died..	1,622	1,426	3,048
Remaining October 31st, 1894.....	520	530	1,050

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TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	Men.	Women.	Total.	Men.	Women.	Total	Men.	Women.	Total.
1893.									
November	7	6	13	5	7	12	509.66	499.24	1,008.90
December	7	9	16	7	5	12	509.90	499.41	1,009.31
1894.									
January	7	5	12	11	4	15	507.30	503.00	1,010.30
February	5	12	17	5	3	8	505.96	508.41	1,014.37
March	18	11	29	10	5	15	510.52	516.20	1,026.72
April	9	13	22	12	14	26	512.38	518.70	1,031.08
May	9	13	22	10	6	16	506.06	521.66	1,027.72
June	12	11	23	7	7	14	509.93	523.95	1,033.88
July	15	14	29	7	9	16	518.29	529.12	1,047.41
August	16	7	23	8	9	17	522.54	532.30	1,054.84
September	3	12	15	5	10	15	527.94	534.50	1,062.44
October	7	11	18	16	15	31	523.70	532.42	1,056.12
Total	115	124	239	103	94	197			
For the year							513.68	518.24	1,031.92

TABLE III.

NUMBER OF ATTACK OF THOSE ADMITTED.

ATTACK.	Men.	Women.	Total.
First	100	98	198
Second	10	14	24
Third	5	5	10
Fourth		5	5
Fifth		1	1
Sixth		1	1
Total	115	124	239

TABLE IV.

AGE WHEN ADMITTED.

AGE.	Men.	Women.	Total.
From fifteen to twenty years.....	6	4	10
From twenty to twenty-five years.....	10	7	17
From twenty-five to thirty years.....	14	17	31
From thirty to thirty-five years.....	12	15	27
From thirty-five to forty years.....	14	15	29
From forty to forty-five years.....	15	21	36
From forty-five to fifty years.....	5	15	20
From fifty to sixty years.....	20	9	29
From sixty to seventy years.....	11	13	24
From seventy to eighty years.....	7	5	12
Eighty years and over.....	1	3	4
Total.....	115	124	239

TABLE V.

NATIVITY OF PATIENTS ADMITTED.

PLACE OF NATIVITY.	Men.	Women.	Total.
Connecticut.....	1	1	2
Georgia.....	1	.....	1
Massachusetts.....	2	.....	2
Maryland.....	2	.....	2
Michigan.....	.....	1	1
New Jersey.....	45	52	97
New York.....	11	15	26
North Carolina.....	1	.....	1
Ohio.....	2	2	4
Pennsylvania.....	2	2	4
Virginia.....	1	.....	1
United States.....	5	.....	5
Australia.....	1	.....	1
Bohemia.....	1	.....	1
Canada.....	.....	2	2
England.....	4	9	13
France.....	.....	1	1
Germany.....	13	11	24
Holland.....	1	4	5
Hungary.....	.....	1	1
Ireland.....	9	17	26
Italy.....	2	1	3
Nova Scotia.....	1	.....	1
Russia.....	1	1	2
Scotland.....	5	3	8
Sweden.....	1	1	2
Switzerland.....	3	.....	3
Total.....	115	124	239

TABLE VI.

PLACE OF RESIDENCE OF THOSE ADMITTED.

COUNTIES.	Men.	Women.	Total.
Bergen	6	7	13
Essex	8	10	18
Hudson	16	8	24
Hunterdon	10	14	24
Morris	13	14	27
Passaic	26	33	59
Somerset	1	.....	1
Sussex	5	3	8
Union	18	22	40
Warren	5	11	16
New York, N. Y.	7	2	9
Total	115	124	239

TABLE VII.

CIVIL CONDITION OF THOSE ADMITTED.

CIVIL CONDITION.	Men.	Women.	Total.
Single	52	38	90
Married	57	69	126
Widowed	6	17	23
Total	115	124	239

TABLE VIII.

OCCUPATION OF THOSE ADMITTED.

Males.

Agent	1
Barber	1
Blacksmiths	2
Boilermakers	2
Book-keepers	2
Boatman	1
Bottler	1
Broker	1
Carman	1
Carpenters	3
Clerks	8
Coachman	1
Decorator	1
Electrician	1
Engineers	3
Farmers	13
Factory hands	3
Gardener	1
Harnessmaker	1
Hotel-keeper	1
Liquor dealers	2
Laborers	19
Merchant	1
Machinist	1
Mechanic	1
Minister	1
Moulders	2
Manufacturer	1
Mail carrier	1
Miller	1
Mariners	6
Painter	1
Physician	1
Printers	2
Railroad employes	2
Ropemaker	1
Roofer	1
School teacher	1
Salesman	1
Seedsman	1
Silk weavers	3
Stonecutter	1
Students	2
Tinsmith	1
Truckman	1
Upholsterer	1
Watchman	1
Waiter	1
Weaver	1
No occupation	8
Total	115

TABLE IX.

OCCUPATION OF THOSE ADMITTED.

Females.

Dressmakers	3
Housewives.....	61
Housekeepers.....	12
Servants.....	16
School teacher.....	1
Seamstress.....	1
Shop girl.....	1
Silk weavers.....	8
Waitress.....	1
No occupation.....	20
Total	124

TABLE X.

FORM OF MENTAL DISEASE OF THOSE ADMITTED.

MENTAL DISEASE.	Men.	Women.	Total.
Mania, acute.....	21	14	35
Mania, acute delirious.....	4	5	9
Mania, chronic.....	22	14	36
Mania, epileptic.....	3	1	4
Mania, puerperal.....	.....	2	2
Mania, recurrent.....	4	6	10
Mania, toxic (alcoholic).....	2	3	5
Melancholia, acute.....	15	29	44
Melancholia, agitata.....	.....	4	4
Melancholia, chronic.....	5	10	15
Melancholia, recurrent.....	.....	6	6
Melancholia, stuporous.....	1	2	3
Dementia, epileptic.....	1	1	2
Dementia, organic.....	2	2	4
Dementia, parietic.....	7	1	8
Dementia, primary.....	4	1	5
Dementia, senile.....	10	10	20
Dementia, terminal.....	1	2	3
Insane neurosis, hypochondria.....	2	2	4
Insane neurosis, hysteria.....	.....	1	1
Imbecility.....	1	.....	1
Imbecility with epilepsy.....	1	1	2
Insanity of pubescence.....	3	2	5
Insanity of adolescence.....	2	1	3
Morphinomania.....	1	1	2
Paranoia.....	3	3	6
Total.....	115	124	239

TABLE XI.

MANNER OF SUPPORT OF THOSE ADMITTED.

HOW SUPPORTED.	Men.	Women.	Total.
State.....	7	.....	7
County	78	98	174
Private.....	30	28	58
Total.....	115	124	239

TABLE XII.

ALLEGED CAUSES OF INSANITY OF THOSE ADMITTED.

CAUSES.	Men.	Women.	Total.
<i>Physical.</i>			
Cerebral hemorrhage.....	3	3	6
Childbirth.....	.....	3	3
Epilepsy.....	5	3	8
General ill-health.....	2	8	10
Heat stroke.....	1	1	2
Heredity.....	12	24	36
Injury to head.....	4	1	5
Intemperance or other excesses.....	7	4	11
La grippe.....	.....	4	4
Lactation.....	.....	1	1
Masturbation.....	6	.....	6
Menopause.....	.....	5	5
Opium.....	1	1	2
Old age.....	6	6	12
Overwork.....	3	4	7
Septicæmia.....	.....	1	1
Syphilis.....	3	.....	3
Thrombosis—cerebral.....	1	.....	1
Typhus fever.....	.....	1	1
Typhoid fever.....	1	1	2
Traumatism.....	1	1	2
Uterine or ovarian disease.....	.....	4	4
Total physical.....	56	76	132
<i>Moral.</i>			
Domestic or family troubles.....	2	9	11
Financial reverses.....	17	.....	17
Disappointed affections.....	1	.....	1
Grief.....	1	4	5
Religious excitement.....	2	.....	2
Shock.....	.....	2	2
Worry.....	5	11	16
Total moral.....	28	26	54
Total physical.....	56	76	132
Total moral.....	28	26	54
Unassigned.....	31	22	53
Total.....	115	124	239

TABLE XIII.

COMPLICATIONS OF THOSE ADMITTED.

COMPLICATIONS.	Men.	Women.	Total.
Anæmia.....	3	2	5
Bedsore.....	1	.....	1
Blindness of one eye.....	2	.....	2
Bright's disease.....	3	1	4
Chronic gastritis.....	1	.....	1
Carcinoma of liver.....	.....	1	1
Complete or partial hemiplegia.....	5	3	8
Dislocated shoulder.....	1	.....	1
Diabetes.....	.....	1	1
Epilepsy.....	5	3	8
Epithelioma.....	1	.....	1
Frozen feet.....	1	1	2
Glandular enlargement.....	1	.....	1
Hemorrhoids.....	1	4	5
Hernia.....	4	.....	4
Homicidal tendencies.....	15	6	21
Indolent ulcers.....	.....	1	1
Leucorrhœa.....	.....	4	4
Lateral sclerosis.....	1	.....	1
Malarial disease.....	.....	1	1
Multiple abscesses.....	1	.....	1
Organic heart disease.....	12	25	37
Orbital tumor.....	1	.....	1
Partial deafness.....	4	1	5
Phthisis.....	.....	11	11
Rheumatism.....	1	.....	1
Rheumatoid arthritis.....	.....	1	1
Spinal curvature.....	1	1	2
Suicidal tendencies.....	8	21	29
Syphilis.....	3	.....	3
Tubercle of testes.....	1	.....	1
Uterine or ovarian disease.....	.....	10	10
Without complications.....	69	74	143

In this table several patients who had a number of complications have been noted more than once. Therefore, the totals would have no significance.

TABLE XIV.

HEREDITY OF THOSE ADMITTED.

HEREDITY.	Men.	Women.	Total.
Insanity in family.....	18	39	57
Hereditary taint denied.....	55	74	129
Hereditary history unobtainable.....	42	11	53
Total.....	115	124	239

TABLE XV.

DURATION OF DISEASE BEFORE ADMISSION.

PERIOD.	Men.	Women.	Total.
Under one month.....	25	26	51
One to three months.....	18	19	37
Three to six months.....	10	20	30
Six to twelve months.....	16	17	33
One to two years.....	15	11	26
Two to three years.....	8	5	13
Three to four years.....	5	7	12
Four to five years.....	5	4	9
Five to ten years.....	6	8	14
Ten to twenty years.....	2	4	6
Over twenty years.....	3	3	6
Unknown.....	2	.....	2
Total.....	115	124	239

TABLE XVI.

AGE WHEN ATTACKED OF THOSE RESTORED.

AGE.	Men.	Women.	Total.
From fifteen to twenty years.....	1	6	7
From twenty to twenty-five years.....	3	2	5
From twenty-five to thirty years.....	5	1	6
From thirty to thirty-five years.....	3	5	8
From thirty-five to forty years.....	4	1	5
From forty to forty-five years.....	3	7	10
From forty-five to fifty years.....	2	3	5
From fifty to sixty years.....	4	3	7
From sixty to seventy years.....	4	2	6
Total.....	29	30	59

TABLE XVII.

DURATION BEFORE ADMISSION OF THOSE RESTORED.

DURATION.	Men.	Women.	Total.
Under one month.....	9	11	20
One to three months..	6	5	11
Three to six months.....	4	6	10
Six to twelve months.....	5	3	8
One to two years.....	5	3	8
Over two years.....	.....	2	2
Total.....	29	30	59

TABLE XVIII.

DURATION OF TREATMENT OF THOSE RESTORED.

DURATION OF TREATMENT.	Men.	Women.	Total.
Under one month.....	1	1	2
One to two months.....	1	2	3
Two to three months.....	3	3	6
Three to four months.....	1	4	5
Four to five months.....	2	3	5
Five to six months.....	3	4	7
Six to nine months.....	5	4	9
Nine to twelve months.....	5	3	8
Twelve to eighteen months.....	5	4	9
Eighteen to twenty-four months.....	2	2	4
Two years and over.....	1	.....	1
Total.....	29	30	59

TABLE XIX.

MENTAL DISEASE OF THOSE RESTORED.

MENTAL DISEASE.	Men.	Women.	Total.
Mania, acute.....	12	4	16
Mania, acute delirious.....	.....	3	3
Mania, chronic.....	1	1	2
Mania, puerperal.....	.....	1	1
Mania, recurrent.....	1	2	3
Mania, toxic (alcoholic).....	3	1	4
Melancholia, acute.....	10	9	19
Melancholia, chronic.....	1	.....	1
Melancholia, recurrent.....	.....	5	5
Insanity of pubescence.....	1	1	2
Insanity of adolescence.....	.....	2	2
Primary dementia.....	.....	1	1
Total.....	29	30	59

TABLE XX.

AGE AT DEATH.

AGE.	Men.	Women.	Total.
Twenty to twenty-five years.....	5	.....	5
Twenty five to thirty years.....	3	2	5
Thirty to thirty-five years.....	3	4	7
Thirty-five to forty years.....	3	4	7
Forty to forty-five years.....	9	7	16
Forty-five to fifty years.....	7	4	11
Fifty to sixty years.....	9	5	14
Sixty to seventy years.....	10	5	15
Seventy to eighty years.....	9	2	11
Eighty years and over.....	2	4	6
Total.....	60	37	97
Average age at death.....	51	51½	51½

TABLE XXI.

FORM OF MENTAL DISEASE OF THOSE WHO DIED.

MENTAL DISEASE.	Men.	Women.	Total.
Mania, acute	3	.....	3
Mania, acute delirious	3	2	5
Mania, chronic	7	3	10
Melancholia, acute.	2	4	6
Melancholia, chronic.....	1	3	4
Melancholia, recurrent.....	1	1	2
Melancholia, stuporous.....	1	1	2
Dementia, epileptic.....	2	2	4
Dementia, organic.....	2	1	3
Dementia, paretic.....	8	1	9
Dementia, primary	1	.....	1
Dementia, senile.....	9	7	16
Dementia, terminal	18	12	30
Idiocy.....	1	.....	1
Paranoia	1	.....	1
Total.	60	37	97

TABLE XXII.
CAUSES OF DEATH.

CAUSES.	MANIA.		MELANCHOLIA.		DEMENTIA.		Total.
	Men.	Women.	Men.	Women.	Men.	Women.	
Mania—							
Acute, with hemorrhage from bowel.....	1						1
Acute, with osteo sarcoma.....	1						1
Acute, with rupture of the liver.....	1						1
Acute delirious, with Bright's disease.....		1					1
Acute delirious, with exhaustion.....	2	1					3
Acute delirious, with thrombosis basilar.....	1						1
Chronic, with Bright's disease.....	1						1
Chronic, with uterine carcinoma.....		1					1
Chronic, with cerebral hemorrhage.....	2						2
Chronic, with exhaustion.....	1						1
Chronic, with lateral sclerosis.....	1						1
Chronic, with phthisis.....	1	2					3
Chronic, with thrombosis lateral sinus.....	1						1
Melancholia—							
Acute, with Bright's disease.....			1	1			2
Acute, with cerebral and cerebellar tumor.....				1			1
Acute, with chronic enteritis.....				1			1
Acute, with exhaustion.....				1			1
Acute, with phthisis.....			1				1
Recurrent, with exhaustion.....				1			1
Recurrent, with phthisis.....			1				1
Chronic, with uterine carcinoma.....				2			2
Chronic, with organic heart disease.....				1			1
Chronic, with peritonitis.....			1				1
Stuporous, with Bright's disease.....			1				1
Stuporous, with organic heart disease.....				1			1
Dementia—							
Epileptic, with exhaustion.....					1		1
Epileptic, with phthisis.....					1	1	2
Epileptic, with typhoid fever.....						1	1
Organic, with exhaustion.....					2	1	3
Paretic, with exhaustion.....					7	1	8
Paretic, with remittent fever.....					1		1
Senile, with acute enteritis.....				2	2		2
Senile, with Bright's disease.....					2		2
Senile, with cellulitis.....					1		1
Senile, with cerebral hemorrhage.....						1	1
Senile, with exhaustion.....					2	3	5
Senile, with organic heart disease.....						2	2
Senile, with phthisis.....					1	1	2
Senile, with pleurisy with effusion.....					1		1
Senile, with pulmonary thrombosis.....						1	1
Terminal, with acute enteritis.....					3	1	4
Terminal, with Bright's disease.....					3		3
Terminal, with uterine carcinoma.....						1	1
Terminal, with exhaustion.....					4	3	7

TABLE XXII.—CONTINUED.

CAUSES OF DEATH.

CAUSES.	MANIA.		MELANCHOLIA.		DEMENTIA.		Total.
	Men.	Women.	Men.	Women.	Men.	Women.	
Dementia—							
Terminal, with gangrene of feet.....						1	1
Terminal, with general tuberculosis.....						1	1
Terminal, with organic heart disease.....						2	2
Terminal, with progressive bulbar paralysis.....					1		1
Terminal, with phthisis.....					4	2	6
Terminal, with thrombosis coronary artery.....					2		2
Terminal, with thrombosis pulmonary artery.....					1		1
Primary, with exhaustion.....					1		1
Idiocy, with phthisis.....					1		1
Paranoia, with organic heart and kidney disease.....					1		1
Total.....	13	5	5	9	42	23	97

TABLE XXIII.

SHOWING YEARLY INCREASE OF POPULATION SINCE OPENING OF INSTITUTION.

YEARS.	Men.	Women.	Total.
October 31st, 1876.....	159	183	342
October 31st, 1877.....	216	229	445
October 31st, 1878.....	227	253	480
October 31st, 1879.....	248	279	527
October 31st, 1880.....	277	309	586
October 31st, 1881.....	310	331	641
October 31st, 1882.....	321	346	667
October 31st, 1883.....	330	377	707
October 31st, 1884.....	371	374	745
October 31st, 1885.....	415	414	829
October 31st, 1886.....	415	441	856
October 31st, 1887.....	434	439	873
October 31st, 1888.....	463	441	904
October 31st, 1889.....	427	430	857*
October 31st, 1890.....	450	436	886
October 31st, 1891.....	455	443	898
October 31st, 1892.....	471	478	949
October 31st, 1893.....	509	500	1,009
October 31st, 1894.....	520	530	1,050

* One hundred patients transferred to Essex County Asylum.

RESUME.

At the close of the Hospital year which ended October 31st, 1893, there remained in the institution 1,009 patients—509 men and 500 women; of this number 126 were private and 883 public patients.

The admissions for the year beginning November 1st, 1893, and ending October 31st, 1894 (the period covered by this, the nineteenth annual report), were 239—115 men and 124 women—and are classified as follows: Private (supported by their own means, or by their friends), 58; indigent (supported by county and State), 174; State (supported entirely from State treasury), 7.

The two months in which the largest number of patients were admitted were March and July, there being 29 admissions in each, while in the previous year July and September had the highest record. From an examination of Table II., which gives the monthly admissions, we can hardly conclude that any particular month or season especially favors the development of insanity, though statisticians have made such claims.

Examination of Table V. shows that 93 were of foreign birth, and 146 were born in the United States, of which number 97 were natives of the State of New Jersey.

The number of patients under treatment during the year was 1,248—624 men and 624 women. The colored patients under treatment, who have been included in the above numbers, were 22—8 men and 14 women. A very common question is, "Are more men or women insane?" So far as the records of this institution are concerned for the nineteenth Hospital year, precisely the same number of each sex were under treatment. While woman is subject to the ordeals and mental and nervous strains incident to the developmental periods and maternity, man's struggles and ordeals as a "bread-winner" in this age of business complications, uncertainties and competition, are, it seems, an equal strain upon the mental equilibrium.

Table X. gives a classification of the mental diseases of those admitted, and the number affected by each form under this classification. Following a grouping as we did in our last report, we have 101 manias, 67 melancholias, 42 dementias, and 24 other special forms, making a total of 239, and since the number or percentage of recoveries and discharges as "improved" so largely depends upon the forms of insanity, and the gravity of the complications of those admitted, the following subdivision makes more plain the significance of Tables X. and XIII.:

Cure highly improbable.....	Chronic mania.....	36	
	Chronic melancholia	15	
	Serious complications.....	37	
	Total.....		88
Hopelessly insane	Epileptic mania.....	4	
	Epileptic dementia.....	2	
	Organic dementia.....	4	
	Senile dementia.....	20	
	Terminal dementia.....	3	
	Imbecility.....	1	
	Paranoia.....	6	
	Paresis.....	8	
	Total.....		48
	Grand total.....		136

Hence 136 of the 239 admissions, because of the serious nature of their mental diseases, and the grave complications present, could not

be looked upon as having a reasonable probability of recovery or improvement, while in the remaining 103 the outlook was favorable. Fifty-nine were discharged as recovered, which is 57 per cent. of the number not beyond hope, and with 23 discharged as improved, we have 84 per cent. benefited very decidedly by treatment.

In Table XIII. the totals are not given, for the reason that several patients were found to have more than one complication, and had therefore to be enumerated more than once in the table; to have added up the columns would have made the table somewhat confusing, as the totals would have been in excess of the other tables on admissions.

In consulting this table we find that 37 persons, or nearly 16 per cent., suffered from organic heart disease, while only 12, about 5 per cent., from tubercular disease. A careful examination of all admissions as well as of those remaining in the Hospital from last year, disclosed that only 43, which is about 3½ per cent. of the patients under treatment during the year, had phthisis. In view of the fact that some of our most careful English observers and writers have given the death-rate from phthisis in institutions for the insane, as being 25 or 30 per cent. of the whole number of deaths in such institutions, I look upon the extremely low percentage in this institution as unusual.

Those admitted were found to have the following complications: Anæmia, 5; bed-sores, 1; blindness of one eye, 2; Bright's disease, 4; chronic gastritis, 1; carcinoma of liver, 1; complete or partial hemiplegia, 8; dislocated shoulder, 1; diabetes mellitus, 1; epilepsy, 8; epithelioma, 1; frozen feet, 2; glandular enlargement, 1; hemorrhoids, 5; hernia, 4; homicidal tendency, 21; indolent ulcers, 1; leucorrhœa, 4; lateral sclerosis, 1; malarial disease, 1; multiple abscess, 1; organic heart disease, 37; orbital tumor, 1; partial deafness, 5; phthisis, 11; rheumatism, 1; rheumatoid arthritis, 1; spinal curvature, 2; suicidal tendency, 29; syphilis, 3; tubercle of testes, 1; uterine or ovarian disease, 10; without complications, 143.

The table upon hereditary taint, No. XIV., is based upon information given by the friends and relatives of the patients, and shows that of the 239 admissions, the friends of only 57 acknowledged the existence of a family taint. I am not inclined to look upon the table as reliable, for the reason that I have frequently observed an effort on the part of those giving the history of the patients to conceal all

information regarding the insanity of the relatives, and I have often received seriously-conflicting statements from two different informants concerning the same patient, when either seemed to be sufficiently familiar with the family history to give all desired information upon the case.

The civil condition of the admissions was: Single, 90; married, 126, and widowed, 23.

There were 100 discharges and 97 deaths, making in both 197—men, 103, and women, 94. The condition of the discharged was: 59 restored, 28 improved, and 13 unimproved. Of the deaths, 60 were men and 37 women.

The percentage of deaths, calculated upon the whole number under treatment, was 7.7.

The shortest period in the Hospital for any patient discharged as recovered was seven days, and the longest period was two years and eight months.

The number (59) which recovered was 24.7 of the admissions.

In Table XXI. are recorded the mental diseases of those who died, and were as follows: Acute mania, 3; acute delirious mania, 5; chronic mania, 10; acute melancholia, 6; chronic melancholia, 4; recurrent melancholia, 2; stuporous melancholia, 2; epileptic dementia, 4; organic dementia, 3; parietic dementia, 9; primary dementia, 1; senile dementia, 16; terminal dementia, 30; idiocy, 1; paranoia, 1. The average age of those who died was: Men, 51; women, 51½; average age, 51½.

OVERCROWDED HOUSE.

In my last report I called attention to our overcrowded condition, and the many serious consequences arising from it. We then had a population of 1,009, to-day we have 1,050. Further comment is scarcely necessary.

There appears to be but one solution of the problem, and that is, to build further accommodation for the insane of the State, and in doing so it seems but judicious that buildings be erected that will provide for the steady increase for several years. Table XXIII. shows that the insane population of this Hospital has had a yearly increase of about fifty patients, and suggests what may be expected in the future. The most practicable and economical way to deal with this problem is to erect buildings for the chronic, incurable insane,

upon the large dormitory and day-room plan, thus relieving the congested condition of this building and making room for the admission of acute cases, supposedly susceptible of treatment.

APPOINTMENTS, RESIGNATIONS, ETC.

On December 7th, 1893, Dr. L. L. Blake resigned his position as Second Assistant Physician, and Dr. Thomas P. Prout was promoted to fill the vacancy.

After a competitive examination, in which ten candidates took part, Dr. Peter S. Mallon and Dr. M. L. Perry were appointed to the position of Third and Fourth Assistant Physicians, respectively. Their appointments were made February 14th, 1894. They have both displayed commendable zeal and ability.

After a service of seven years, Mr. Stephen T. Quinn resigned his position as Druggist. His resignation took effect October 1st, 1894. Mr. Howard M. Smith was appointed to fill the vacancy, and reported for duty September 29th, 1894, since which time he has exhibited an earnestness and a high degree of efficiency which have commanded our confidence.

Dr. Otto Stumpf acted as interne during the vacations of regular members of the medical staff. He reported for duty August 27th, discontinued the service October 2d, and gave perfect satisfaction in the performance of the various professional duties assigned him.

RELIGIOUS SERVICES, ENTERTAINMENTS, ETC.

Religious services have been held in the chapel every Sunday during the year. The following clergymen have filled the pulpit, and also visited and given religious consolation to the sick when called upon to do so:

- Rev. Dr. Albert Erdman, Presbyterian.
- Rev. Dr. J. M. Buckley, Methodist.
- Rev. Father A. M. Eagan, Roman Catholic.
- Rev. Isaac M. B. Thompson, Baptist.
- Rev. J. E. Adams, Methodist.
- Rev. J. B. Beaumont, Presbyterian.
- Rev. George P. Eckman, Methodist.
- Rev. Wm. Fryling, Presbyterian.

I am pleased to acknowledge on behalf of the patients, and the officials and their families, our profoundest appreciation for the services rendered by these reverend gentlemen.

By the regulations established by the Board of Managers, the pulpit of the institution chapel is open to all Christian denominations upon the same conditions, thus giving our patients, who represent all creeds, the opportunity of selecting and attending the services of the minister of their faith and preference.

Much time and attention has been devoted to the entertainment of the patients, and our observations upon this line are a confirmation of the truth of the words of Sir Henry Wotton, upon the employment of idle time, written in the seventeenth century, "an employment for their idle time, which was not then idly spent, a rest to the mind, a cheerer of the spirits, a diverter of sadness, a calmer of unquiet thoughts, a moderator of passion, a procurer of contentedness," and "that it begat habits of peace and patience."

The most of the sports and facilities for the employment of the muscular part along with the mental are confined to the summer outdoor amusements. We are not as yet favored, as some of our sister institutions are, with bowling alleys, gymnasiums, &c., in which our patients may while away part of the dreary winter days, and in stormy and inclement weather healthfully employ their minds and muscles, and thus drive away dull care and invite "tired nature's sweet restorer—balmy sleep," but our advancement in providing means of entertainment and healthful employment has been marked and encouraging.

The amusements for the patients have been very much the same as noted in last year's report, and consisted chiefly in weekly dances, at which the music was furnished by the Hospital orchestra, tri-weekly concerts by the Hospital brass band, base-ball games, which were attended by a large number of patients, foot-ball games, tennis tournaments, croquet, quoits, musicales by home talent and traveling troupes, theatricals, recitations, and the various indoor games, such as chess, checkers, cards, halma, dominoes and billiards. Also many books, periodicals, weekly and daily papers have been furnished by the Hospital or contributed by kind friends.

THE PATHOLOGICAL DEPARTMENT.

The work of the pathological laboratory has increased in interest as well as in proportions. The space usually allotted to our annual report will not permit us to give to the subject more than a brief notice in addition to the supplement by Dr. Prout, which is given as an appendix to this report. The records taken in each autopsy are quite full, and the microscopic work is illustrated by pen and pencil drawings, such as are to be seen in the pathological supplement, setting forth the most important features of the microscopical examinations. These records are numbered, bound and carefully filed away for future study and reference.

We have not had reason to lose faith in the Bevan Lewis methods since the writing of our last report; in every autopsy sections are taken from the fresh brain, and specimens prepared by this method. The other processes of preparation which have been given much time and labor are those of Nissl, Rehm, Weigert, Biondi-Erich, Van Giesen and Golgi, each commanding our confidence in the class of work to which it is best adapted, as will be seen by a careful perusal of the pathological report.

The new Thoma microtome recently purchased is a very satisfactory instrument.

The rooms occupied by the pathologist for a laboratory were not built for that purpose, and are not adapted to such use, for the reason that during the greater part of the day it is impossible to get the necessary amount of light. In making further provision for our increasing population, I would advise that provision be made for a new pathological laboratory, with proper equipments, facilities and conveniences.

TRAINING SCHOOL FOR NURSES AND ATTENDANTS.

I believe the success of the medical work of any hospital may be measured by the intelligence and character of its nurses or attendants, and it is therefore the plain duty of those who are responsible for this work to endeavor to secure the services of intelligent, conscientious and earnest persons for such positions, and to use every facility possible to raise the standard of their work. For these reasons a training school has been organized in connection with the medical

work of this Hospital, and was formally opened with an address on the evening of October 30th, by Dr. J. M. Buckley. The first course of instruction will consist of eighty lectures, to be delivered by the members of the medical staff of the Hospital. These lectures are to be simple elementary discourses, followed by quizzes, demonstrations and lessons in anatomy, physiology, bandaging, physical examinations, the observation and recording of symptoms, massage, Swedish movements, &c.

The lecture subjects and dates of lectures selected for the first year will be as follows :

Dr. B. D. Evans : On November 15th, 27th ; December 8th, 20th ; January 5th, 17th, 29th ; February 9th, 21st ; March 5th, 16th, 28th ; April 9th, 20th ; May 2d, 14th.

The subjects for these dates are: The Nurse's Relation to the Practice of Medicine ; Materia Medica and the Administration of Medicine ; Diseases of the Eye and Ear ; Hospital Organization and Discipline ; The Ethics of Nursing ; The Therapeutic and Hygienic Value of Habit.

Dr. Eliot Gorton : On November 13th, 24th ; December 6th, 18th ; January 3d, 15th, 26th ; February 7th, 19th ; March 2d, 14th, 26th ; April 6th, 18th, 30th ; May 11th.

The subjects for these dates are: Obstetric and Gynæcologic Nursing ; Diseases of Children ; Genito-Urinary Diseases ; Artificial or Forced Feeding ; Hygiene and General Sanitary Regulations.

Dr. Thos. P. Prout : On November 10th, 22d ; December 4th, 15th, 29th ; January 12, 24th ; February 5th, 16th, 28th ; March 12th, 23d ; April 4th, 16th, 27th ; May 9th.

The subjects for these dates are: Hydro-therapeutics ; Electro-therapeutics ; Massage and Swedish Movements ; Symptomatology ; Gross Pathology with Microscopic Examinations of Urine, Pus, Fæces, &c., &c. ; Post Mortem Work.

Dr. Peter S. Mallon : On November 6th, 17th, 29th ; December 11th, 22d ; January 8th, 19th, 31st ; February 12th, 23d ; March 7th, 19th, 30th ; April 11th, 23d ; May 4th.

The subjects for these dates are: Physiology with Microscopic

Demonstrations; Chemistry and Toxicology; Urinalysis, with Practical Lessons in Testing Urine; Physics.

Dr. M. L. Perry: On November 8th, 20th; December 1st, 13th, 27th; January 10th, 22d; February 2d, 14th, 26th; March 9th, 21st; April 2d, 13th, 25th; May 7th.

The subjects for these dates are: Surgery, with practical lessons and demonstrations in bandaging, dressing, and general surgical applications; Anatomy; Sepsis, Asepsis and Antisepsis; General Dietetics; special preparation of diet for the sick.

Lectures will be delivered Tuesdays, Thursdays and Saturdays of each week during the term. The attendants will be divided into two classes, so that while one class is attending lectures the other will be attending the patients and doing ward duty. The first course will be followed by examinations and promotions. In the second term or course there will be junior and senior classes, and at the termination of the second course those who were promoted to the senior class and attended the lectures will be admitted to the final examinations, and upon passing successfully will be graduated and given certificates of graduation. The graduates will be eligible to the positions of head attendants upon the wards, and to advancement in salary.

The practicability of training schools for nurses and attendants in an institution for the insane has been so clearly demonstrated in a number of hospitals in the country that the question does not admit of argument; the advantages derived from them are so apparent and manifold that they must be placed in the category of necessities. Their establishment and successful operation means work, hard work and much of it, but we enter upon it hopeful of results which will amply repay our efforts.

In the employment of attendants and nurses, selections will be made upon the intelligence, the moral character, the age, the general appearance and health of the candidate; in this matter I shall observe strictly the principle that no preference shall be given to any special religious creed or the representatives of any particular political faith. This rule I have faithfully adhered to in the past in all my hospital work, and in doing so I believe I have protected the institution's best interests. The demoralizing effect of allowing such elements to enter into the affairs of a State institution for the care of the sick is at once apparent.

THERAPEUTICS.

Opium.

The opium treatment for acute melancholia has been given a thorough trial in a large number of cases, but with decidedly varying results. The mode of administration adopted was to start by giving five to ten minims of the deodorized tincture three or four times a day, and gradually increase the dose until it reached sixty or eighty minims, and then steadily but slowly diminish the dose to the size at the start. Some cases showed marked improvement from the beginning of the treatment, while in others the results were negative, and in a third class the treatment seemed to do positive harm, the patients showing greater depression, agitation, more active delusions, and a failing of the appetite, occasionally attended with nausea and vomiting. As a rule when these unfavorable symptoms followed the administration of the drug, the treatment was discontinued, but in a few such instances the treatment was persisted in for some time, but with no good results. The cases were studied and compared closely, to ascertain if possible what special forms yielded more readily to the treatment, but to our great perplexity our observations availed us little. Cases of a nearly similar symptomatology, and of like duration as was possible to select, showed directly opposite results from the treatment. About twenty-five per cent., however, of the cases of acute melancholia treated with opium exhibited such marked benefit from it that our testimony must be recorded in support of the advocates of this drug as a valuable remedy in the treatment of states of mental depression. I should not neglect to add that with small doses of cascara sagrada added to the tinct. opii. deod. the sluggishness of the intestinal tract incident to melancholia was in the great majority of cases promptly relieved, whereas the cascara administered alone had little or no effect.

One case of mania with marked psycho-motor excitement yielded very nicely to opium after the usual remedies had totally failed.

Hypnotics.

Were I asked to name the principal hypnotics used in the Hospital in the order of their usefulness and the scope of their application

they would be presented as follows: Judicious exercise in open air, paraldehyde, trional, bromidia, sulphonal and chloralamid. The indications for the use of these differ so much in the different classes of cases needing hypnotics that such an order of application would be likely to work an injustice very often both to the remedy and the patient.

So much has been written and said in behalf of properly-regulated exercise in the open air that there is little or no room for argument or discussion. The great difficulty that confronts the asylum physician is that of being unable to give to patients the particular form of exercise best suited to each individual case.

Paraldehyde.

After several years' trial this drug has established itself as a valuable and reliable hypnotic, to which, however, there are two serious objections; first, that it gives to patients when swallowing it the sensation of smothering or strangling, and second, its slow elimination through the lungs, leaving some patients drowsy and all patients with its strong odor for six or eight hours after its sleep-producing effects have passed away, but withal it may be relied upon to give to a case of almost any form of insomnia from four to six hours of refreshing sleep, when administered in doses of from one to two fluid drachms, mixed in equal parts of *sp. frumenti* and *syr. aurantii*. In the sleeplessness of chronic alcoholism, alcoholic mania, delirium tremens, and of chronic "disturbers" this drug has no superior as a hypnotic. In many of the acute forms of insanity it acts very gratefully, but occasionally it fails. It does not disturb the appetite, and does not depress the heart's action.

Trional.

A careful observation of the results in six hundred administrations of this drug during the year has commended it to us as an important acquisition to our list of hypnotics. Given in twenty-five-grain doses it is prompt in its action, producing a peaceful sleep in from ten minutes to half an hour after taking.

The sleep following the use of this drug more closely approximates normal, healthful sleep than that following any other hypnotic used

in this Hospital during the year. The drowsiness and sluggish feelings that follow the use of sulphonal, and numerous other drugs, the day following the night of administration, are not attendant upon trional. Dryness of mouth and fauces, lowering pulse-rate and tension, headache and nausea, reputed to this drug by some therapeutists, have not occurred in its use at this Hospital; such symptoms must be rare or only present when very large doses are given. The sleep resulting from trional is devoid of waking intervals. It has given very gratifying results in cases of maniacal excitement with insomnia, in a few cases where paraldehyde has failed. The bulk of the dose is an objection, but the taste is not bad. It may be given in wine or hot milk.

Trional acts promptly, is eliminated quickly, and is, therefore, not attended with serious or depressing after-effects.

House "Sleeping Mixture," or Bromidia.

A favorite hypnotic with us in cases where there is marked psychomotor excitement is a mixture we sometimes call bromidia from its resemblance to the proprietary preparation of that name. It is given in one or two fluid-drachm doses. Each drachm contains sodium bromide, fifteen grains; chloral hydrate, fifteen grains; tinct. cannabis indica, four minims; tinct. hyoscyamus, four minims; glycerine, fifteen minims, and water sufficient to make up the fluid drachm.

This preparation has best served us in actively-acute maniacal conditions, and in the restless, sleepless and excited condition which frequently follows a series of epileptic fits in epileptic insanities. Not infrequently headache, loss of appetite, and dull, heavy feelings about the head follow its use, though in the class of cases above cited it acts very satisfactorily.

Sulphonal.

This may be called a sister drug to trional, as it belongs to the same family—in fact it is the elder sister. It is not suited to the treatment of insomnia incident to melancholia, for not an infrequent symptom following its use is a feeling of decided depression and mental confusion. In many cases it has shown very decided toxic effects in small doses, while in others large doses are well borne. As small doses as fifteen grains have in several instances produced alarming

symptoms, causing great depression of the heart's action, and a condition of collapse. It frequently upsets the stomach, causing vomiting and loss of appetite. While it is fairly sure to produce sleep, it is slow of action, the average time after administration before sleep comes on being about three hours.

Occasionally an eruption over the body follows its use. After a continued use, the urine is found to be of a dark color, which a microscopical and clinical examination proves to be from the presence of hæmatoporphyrin, and in some cases large quantities of indican. Our experience with this hypnotic teaches us to be very cautious in its administration, to watch closely the effects of the first doses in a patient who has not previously taken it, and always to discontinue its use when the urine gets dark.

Chloralamid and Tetranal.

These drugs are not so reliable, as hypnotics, as either trional or sulphonal, but both of them in a few exceptional cases have been attended with gratifying results. In two cases in which tetranal was used unpleasant symptoms resulted, the most prominent of them being, vertigo, dryness of mouth and fauces, metallic taste in the mouth, and locked secretions.

Lithia Water.

Lithia water has been used in a large number of cases upon our Hospital wards, but especially in rheumatic diseases, and vesical and urethral irritations. While in the former classes of diseases the results from its use have not been unusual, in the latter they have been very gratifying. In all cases where there was hyper-acidity of urine, frequent and painful urination, showing a decided irritability of the neck of the bladder, the free use of this water gave relief.

Toxic Agencies.

The influence of numerous poisons upon the nervous system has been for a long time recognized. No writer in materia medica and therapeutics would command respect who would attempt to describe any drug, that enters the circulation, without noting its effects upon the central nervous system. The usual observations made and noted,

however, upon the toxic and so-called physiologic effect of drugs are of the prominent phenomena produced within a few seconds, minutes, hours, or days after the drug is administered. Too often are the very remote results lost sight of; too little analytic study is devoted to predisposing causes and diatheses, and for these reasons serious neuroses creep upon us unobserved till the time for the institution of preventive means and measures has passed.

It does not require a carefully-trained mind to note the serious symptoms following the ingestion of large quantities of alcohol, opium, belladonna, illuminating gas, and numerous other toxic agencies, and it has been definitely determined that a continued use of the first-named drug will result in producing serious disease of the kidneys, liver, and the peripheral and central nervous system: then is it unreasonable to assume that toxic substances, whether in the form of liquid, salt or gas, which if taken into the body through the oesophagus, lungs or otherwise, produce positive disturbances of the mechanism of the organ of the mind, exhibiting their effects in coma, delirium, convulsions, vertigo, &c., would, if taken in smaller quantities often repeated, produce permanent lesions in the brain sufficient to induce mental perversions? A little careful thought upon this subject leads me to believe that toxic agencies entering the blood play a much greater part in the causation of mental alienations than has seemed to be the impression of our ablest authorities upon the subject. There can be no doubt but that this is a most interesting and sadly-unexplored field, demanding our attention, and I predict that when the light of diligent and persevering investigation has been shed upon it our list of "toxic insanities" will be increased fourfold.

The various forms of delirium, and the numerous nervous symptoms which we observe in infectious diseases, readily convince us of the great susceptibility of the nervous centers to the poisonous influences of the specific organisms of disease. We are led by the brief consideration of this subject to one closely akin to it, that of

Auto-Intoxication in Mental Diseases.

Here we have an etiological agency in mental diseases which has in a vague manner been treated of in some of its various phases for many years, but which has not received the attention and consideration its marked importance merits.

That a number of poisons are formed in the tissues of the body during the normal processes of decay and repair has been demonstrated by competent authorities. And if this be so, upon what does our safety depend? There is no doubt in my mind but that the numerous factors now not familiar to us subserve the important function of neutralizing, counteracting and eliminating these poisons which are the essential results of the normal processes of the organism. It has been fairly proven that the liver is the chief organ of neutralization, and that its antidotal function is a great safeguard to life, but to preserve health further aid is necessary; the efforts of the liver would prove inadequate. The various processes of elimination must take their share of the work; their disturbance or inactivity brings on various interesting nervous phenomena. The vertigo, headache and vaso-motor disturbances so common to uræmic intoxication; the disturbed digestion, mental confusion and headache incident to stubborn chronic constipation are object lessons which direct our attention to the subject of auto-intoxication, and cause us to query if a diseased condition of the liver or the more important emunctories cause such marked phenomena of a nervous character, why will not the toxic agencies accumulated in excessive quantities by reason of these derangements attack the brain-cell and nerve fiber, and thus induce mental disease? There is in this subject a field for much thought and much earnestness, which for the present we may consistently refer to the domain of the pathologist.

ACKNOWLEDGMENTS.

It gives us pleasure to record a grateful acknowledgment of the following contributions, and assure the givers that their efforts to entertain and add to the comfort and happiness of the patients are heartily appreciated:

November 21st, 1893, from Mrs. G. E. Kissell and Mrs. Roscoe Lyons, of Morristown, N. J., a package of magazines.

December 26th, 1893, from Mr. B. F. Rexford, of New York City, a box of oranges.

December 26th, 1893, from Dr. Edwin J. Howe and Miss Jenkinson, of Newark, N. J., 250 bound volumes of books for patients' library, now known as the "Howe Library."

December 26th, 1893, from Mrs. G. E. Kissell, a package of magazines and periodicals.

February 14th, 1894, from A. E. Pearsall, editor of the "Union County Standard," a box of periodicals, papers and magazines.

April 6th, 1894, a gratuitous entertainment by Dr. B. F. Tillyer and friends, of Dover, N. J. From Morristown Club, a large collection of Forums, North American Reviews, Cosmopolitans, and numerous other periodicals and papers.

April 24th, 1894, from B. F. Rexford, of New York City, a box of oranges.

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June 11th, 1894, a gratuitous concert by Miss Ludlow, of Brooklyn, N. Y.

August 13th, 1894, from Mrs. Kissell, of Morristown, N. J., a package of periodicals.

August 15th, 1894, from the "Morris County Chronicle," a parcel of periodicals, pictorial papers and exchanges.

August 25th and September 1st, 1894, gratuitous musical entertainments by the Philharmonic Quartette Club, of New York City.

September 17th, 1894, from William Rexford, of New York City, a box of California plums and grapes.

The placing of handsome new book shelves in the Medical Director's office and the indorsement by the Board of Managers of the matter of building up the medical library have been highly gratifying to the entire medical staff. During the year about one hundred and fifty new volumes have been purchased, besides the additions by the binding of medical journals, &c. Since we are too distant from the large cities to conveniently consult their medical libraries it is highly important that the Hospital have a good reference library of its own, and as a State institution its dignity demands it.

My assistants have been faithful in the performance of their various duties. The intelligent and unswerving interest they have manifested in the prosecution of the work of my department is a source of extreme gratification to me.

The harmonious relations of the medical and business departments have been constant, and I take pleasure in making this official record of it.

The supervisors and other sub-officials in the medical department have been careful, thoughtful and attentive in the performance of the duties assigned to them.

For the confidence you have reposed in me I am grateful, and with your continued support and counsel, and a firm faith in the overruling Providence as the directing influence in the faithful performance of the manifold duties of my post in this work of the State's public charities, I shall endeavor to lose sight at no time of the paramount interests of the charge you have committed to me.

Respectfully submitted,

B. D. EVANS, M.D.,

Medical Director.

MORRIS PLAINS, N. J., October 31st, 1894.

PATHOLOGICAL SUPPLEMENT.

PATHOLOGICAL SUPPLEMENT.

REPORT IN PATHOLOGY.

To the Medical Director :

During the past year forty-five autopsies have been done. The following tables present in tabulated form many of the main facts in regard to each of these autopsies. Beyond presenting the leading facts in these autopsies the tables are not of value ; but it was thought that many of the facts could be best presented and compared in this way, and so the tables were elaborated somewhat beyond those given in last year's report.

For the benefit of those who are not fond of tabulated statements I will give a few points here, but many of the features of interest will have to be sought in the tables on account of lack of space.

The autopsies were divided, males, 30 ; females, 15. Acute forms of mental disease, 8 ; chronic forms of mental disease, 37. Kidneys diseased sufficient to present a gross lesion, 18. Heart diseased, 10 times. Consistence of brain increased, 2 times ; normal, 12 times ; diminished, 31 times. Brain congested, 19 times. Normal as regards blood-supply, 10 times. Anæmic, 18 times.

In all the forms of chronic mental disease the convolutions showed marked atrophy, especially in the frontal portion of the cortex. Thinning of the cortex (in some instances extreme) was also a lesion of prominence.

TABLE I.

Number.	Sex.	Mental Disease.	Duration.	Cause of Death.
136	M.	Terminal dementia...	8 years...	{ Thrombosis of left coronary artery. Organic heart disease. Chronic diffuse nephritis. Exhaustion. Pulmonary tuberculosis. Pericarditis. Primary sarcoma of ileum. Multiple sarcomata of skull. Multiple sarcomata of lungs.
137	M.	Terminal dementia...	23 years...	
138	M.	Chronic mania.....	10 years...	
139	M.	Terminal dementia...	5 years...	
140	M.	Acute mania.....	4 mos.....	{ Acute gastritis. Exhaustion. Tumor of optic thalamus (Glioma). Organic heart disease. Acute enteritis. Exhaustion. Epilepsy. Acute nephritis. Exhaustion.
141	M.	Idiocy	14 years...	
142	M.	Terminal dementia...	23 years...	
143	M.	Organic dementia...	15 mos.....	
144	F.	Terminal dementia...	16 years...	{ Thrombosis of left lateral sinus. Exhaustion. Chronic endocarditis. Acute nephritis. Chronic diffuse nephritis. Chronic endocarditis. Chronic pericarditis. Pulmonary oedema. Chronic parenchymatous nephritis. Acute pleuritis. Chronic gastritis.
145	F.	Terminal dementia...	5 years...	
146	M.	Epileptic dementia...	21 years...	
147	F.	Acute delirious m'nia	1 mo.....	
148	M.	Chronic mania.....	19 mos.....	{ Pulmonary tuberculosis. Uterine carcinoma. Hemorrhage in ventricles of brain. Uterine carcinoma. Thrombosis of left lateral sinus. Exhaustion. Chronic endocarditis. Acute nephritis. Chronic diffuse nephritis. Chronic endocarditis. Chronic pericarditis. Pulmonary oedema. Chronic parenchymatous nephritis. Acute pleuritis. Chronic gastritis.
149	M.	Terminal dementia...	12½ years...	
150	F.	Chronic mania.....	6 years...	
151	F.	Senile dementia.....	6 years...	
152	F.	Chronic melancholia	4 years...	{ Thrombosis of basilar artery. Partial thrombosis of middle cerebral arteries. Acute gastric ulcer. Pulmonary tuberculosis. Cortical cerebral hemorrhage. Chronic diffuse nephritis. Cystic degeneration of ovary. Fatty infiltration of heart. Thrombosis of left coronary artery. Fatty infiltration of heart. Chronic croupous bronchitis. Chronic diffuse nephritis. Chronic congestion of liver with fatty degeneration. Chronic endocarditis. Chronic diffuse nephritis. Chronic hepatic congestion. Chronic pleuritis. Chronic endarteritis. Chronic endocarditis. Chronic diffuse nephritis. Rupture of the liver. Chronic endocarditis. Chronic diffuse nephritis. Thrombosis of left pulmonary artery.
153	M.	Chronic mania.....	1 year...	
154	F.	General paralysis...	3 years...	
155	M.	Delusional m'nl'ch'a	9 mos.....	
156	M.	Senile dementia.....	16 mos.....	{ Thrombosis of basilar artery. Partial thrombosis of middle cerebral arteries. Acute gastric ulcer. Pulmonary tuberculosis. Cortical cerebral hemorrhage. Chronic diffuse nephritis. Cystic degeneration of ovary. Fatty infiltration of heart. Thrombosis of left coronary artery. Fatty infiltration of heart. Chronic croupous bronchitis. Chronic diffuse nephritis. Chronic congestion of liver with fatty degeneration. Chronic endocarditis. Chronic diffuse nephritis. Chronic hepatic congestion. Chronic pleuritis. Chronic endarteritis. Chronic endocarditis. Chronic diffuse nephritis. Rupture of the liver. Chronic endocarditis. Chronic diffuse nephritis. Thrombosis of left pulmonary artery.
157	M.	Paranoia	8 mos.....	
158	M.	{ Acute delirious } mania.....	11 days....	
159	M.	Epileptic dementia...	7 years...	
160	M.	Chronic mania.....	1 year....	{ Thrombosis of left coronary artery. Fatty infiltration of heart. Chronic croupous bronchitis. Chronic diffuse nephritis. Chronic congestion of liver with fatty degeneration. Chronic endocarditis. Chronic diffuse nephritis. Chronic hepatic congestion. Chronic pleuritis. Chronic endarteritis. Chronic endocarditis. Chronic diffuse nephritis. Rupture of the liver. Chronic endocarditis. Chronic diffuse nephritis. Thrombosis of left pulmonary artery.
161	F.	Acute melancholia...	2 mos.....	
162	M.	Terminal dementia...	18 years...	
163	F.	Epileptic dementia...	37 years...	
164	F.	Terminal dementia...	10 years...	{ Thrombosis of left coronary artery. Fatty infiltration of heart. Chronic croupous bronchitis. Chronic diffuse nephritis. Chronic congestion of liver with fatty degeneration. Chronic endocarditis. Chronic diffuse nephritis. Chronic hepatic congestion. Chronic pleuritis. Chronic endarteritis. Chronic endocarditis. Chronic diffuse nephritis. Rupture of the liver. Chronic endocarditis. Chronic diffuse nephritis. Thrombosis of left pulmonary artery.
165	M.	Senile dementia.....	2 years...	
166	M.	Acute mania.....	2½ mos...	
167	F.	Senile dementia.....	2 years...	

TABLE I.—Continued.

Number.	Sex.	Mental Disease.	Duration.	Cause of Death.
168	M.	{ Paretic demen- tia (Pseudo)... }	2 years....	{ Fatty infiltration of heart. Fatty de- generation of liver. Acute gastritis.
169	M.	Chronic mania.....	9 years ...	{ Fatty degeneration of liver. Acute gas- tritis. Chronic parenchymatous nep- hritis with amyloid degeneration.
170	M.	Terminal dementia ..	7 years ...	{ Chronic parenchymatous nephritis. Chronic gastritis. Chronic lepto- meningitis.
171	M.	Senile dementia.....	1½ years...	{ Acute gastro-enteritis. Chronic diffuse nephritis. Endocarditis with aortic disease.
172	F.	Terminal dementia...	7 years....	{ Carcinoma of liver and uterus. Chronic diffuse nephritis with carcinoma. Acute gastritis.
173	M.	Terminal dementia...	7 years....	{ Pulmonary phthisis. General miliary tuberculosis. Fatty degeneration of liver.
174	F.	Recurrent mania.....	3 mos	{ Glio-sarcoma of brain. Sarcoma of lungs. Sarcoma of liver.
175	M.	General paralysis....	4 mos	{ Chronic gastritis. Hypostatic pneu- monia. Chronic diffuse nephritis. Chronic meningo-encephalitis.
176	M.	Terminal dementia ..	2½ years...	{ Exhaustion.
177	M.	{ Hypochondria- cal m'l'nch'a }	3 years....	{ Chronic gastritis. Tubercular peritoni- tis. Tubercular testes.
178	M.	Acute mania.....	1 mo.	{ Acute gastro-enteritis. Subacute nephri- tis. Hypostatic pneumonia.
179	F.	Chronic mania.....	1 mo.....	{ Acute pulmonary tuberculosis. Chronic gastritis. Fatty degeneration of the liver. Tubercular peritonitis. Chronic meningo-encephalitis.
180	F.	Senile dementia.....	6 mos	{ Lobar pneumonia. Pulmonary throm- bosis. Chronic diffuse nephritis.

TABLE II.

Number.	GROSS LESIONS OF ORGANS.	GROSS APPEARANCE OF BRAIN.		
		Consistence.	Blood-Supply.	Other Conditions.
	<i>Acute Mania.</i>			
140	Lungs. Both have a number of hard growths size of a chestnut. Heart. Flabby. Mitral valve thickened. Kidney. Twice normal size, soft, friable and cystic. Capsule adherent. Cortex much thickened.	Diminished	Normal	Convolutions unusually large.
166	Lungs. Apex adherent. Large cavity. Consolidation of upper portion. Heart. Mitral valve thickened. Lungs. Hypostatic pneumonia posteriorly (right). Heart. Flabby. Kidney. Capsule adherent. Cortex thinned. Stomach. Mucous lining considerably inflamed. Intestines. Inflamed.	Normal	Congested	Convolutions atrophied. Cortex thinned.
178	Lungs. Hypostatic pneumonia posteriorly (right). Heart. Flabby. Kidney. Capsule adherent. Cortex thinned. Stomach. Mucous lining considerably inflamed. Intestines. Inflamed.	Normal	Anæmic	
	<i>Acute Delirious Mania.</i>			
147	Lungs. Hypostatic posteriorly Heart. Fatty Kidney. Capsule adherent Lungs. Adherent. Hypostatic posteriorly Kidneys. Congested Spleen. Small. Capsule thickened Stomach. Hyperæmic. Number of old ulcers involving the whole thickness of the mucous membrane.	Normal	Congested	
158	Lungs. Adherent. Hypostatic posteriorly Kidneys. Congested Spleen. Small. Capsule thickened Stomach. Hyperæmic. Number of old ulcers involving the whole thickness of the mucous membrane.	Diminished	Congested	Thrombus in basiliary artery.
174	Lungs. Congested posteriorly. Tumor in upper lobe, size of walnut (left). Carnified posteriorly (right).	Normal	Normal	
	<i>Chronic Mania.</i>			

TABLE II.—Continued.

Number.	GROSS LESIONS OF ORGANS.	GROSS APPEARANCE OF BRAIN.		
		Consistence.	Blood-Supply.	Other Conditions.
<i>Chronic Mania—Continued.</i>				
138	Lungs. Emphysematous. Hypostatic pneumonia. Heart. Mitral valve thickened. Kidneys. Capsule adherent. Lungs. Extensive pleural adhesions. Heart. Flabby. Walls of left ventricle hypertrophied. Coronary arteries atheromatous. Liver. Congested (left lobe). Kidneys. Capsule friable thin and adherent. Surface mottled and irregular. Calices dilated. Cyst in upper portion Presents a marked constriction. Increased in size. Wall extremely thickened (2 cm.) Adherent. A number of cheesy nodules. Mitral and tricuspid valves thickened and covered with vegetations. Left ventricle hypertrophied. Stomach and intestines anæmic. Uterus and cervix chronically inflamed. Wall much thinned and cartilaginous. A great portion of the body destroyed. Lungs. Hypostatic posteriorly. Heart. Flabby. Mitral valve calcareous. Liver. Edges sharp. Kidneys. Pyramids congested. Lungs. Hypostatic pneumonia posteriorly. Adherent (right). Heart. Markedly pigmented. Kidneys. Mitral valve thickened. Capsule adherent.	Normal.....	Normal.....	Convolutions atrophied. Cortex thin.
148	Lungs. Flabby. Walls of left ventricle hypertrophied. Coronary arteries atheromatous. Liver. Congested (left lobe). Kidneys. Capsule friable thin and adherent. Surface mottled and irregular. Calices dilated. Cyst in upper portion Presents a marked constriction. Increased in size. Wall extremely thickened (2 cm.) Adherent. A number of cheesy nodules. Mitral and tricuspid valves thickened and covered with vegetations. Left ventricle hypertrophied. Stomach and intestines anæmic. Uterus and cervix chronically inflamed. Wall much thinned and cartilaginous. A great portion of the body destroyed. Lungs. Hypostatic posteriorly. Heart. Flabby. Mitral valve calcareous. Liver. Edges sharp. Kidneys. Pyramids congested. Lungs. Hypostatic pneumonia posteriorly. Adherent (right). Heart. Markedly pigmented. Kidneys. Mitral valve thickened. Capsule adherent.	Diminished ..	Congested.....	Vessels very atheromatous.
150	Lungs. Flabby. Walls of left ventricle hypertrophied. Coronary arteries atheromatous. Liver. Congested (left lobe). Kidneys. Capsule friable thin and adherent. Surface mottled and irregular. Calices dilated. Cyst in upper portion Presents a marked constriction. Increased in size. Wall extremely thickened (2 cm.) Adherent. A number of cheesy nodules. Mitral and tricuspid valves thickened and covered with vegetations. Left ventricle hypertrophied. Stomach and intestines anæmic. Uterus and cervix chronically inflamed. Wall much thinned and cartilaginous. A great portion of the body destroyed. Lungs. Hypostatic posteriorly. Heart. Flabby. Mitral valve calcareous. Liver. Edges sharp. Kidneys. Pyramids congested. Lungs. Hypostatic pneumonia posteriorly. Adherent (right). Heart. Markedly pigmented. Kidneys. Mitral valve thickened. Capsule adherent.	Increased	Anæmic	
153	Lungs. Hypostatic posteriorly. Heart. Flabby. Mitral valve calcareous. Liver. Edges sharp. Kidneys. Pyramids congested. Lungs. Hypostatic pneumonia posteriorly. Adherent (right). Heart. Markedly pigmented. Kidneys. Mitral valve thickened. Capsule adherent.	Diminished	Congested	Convolutions flattened. Cortex swollen.
160	Lungs. Hypostatic pneumonia posteriorly. Adherent (right). Heart. Markedly pigmented. Kidneys. Mitral valve thickened. Capsule adherent.	Normal ..	Congested.....	

TABLE II.—Continued.

Number.	GROSS LESIONS OF ORGANS.	GROSS APPEARANCE OF BRAIN.		
		Consistence.	Blood-Supply.	Other Conditions.
169	<i>Chronic Mania</i> —Continued. Lung. Hypostatic posteriorly (right)..... Heart. Flabby. Aortic valve thickened..... Liver. Very large. Fatty..... Kidney. Marked amyloid degeneration. Cystic..... Stomach. Inflamed.....	Diminished	Anæmic.....	
136	<i>Terminal Dementia.</i> Lungs. Vessels atheromatous..... Heart. Ventricle thin (right). Aorta atheromatous..... Kidney. Very small..... Lungs. Lower lobe completely consolidated..... Heart. Right auricle and ventricle dilated..... Liver. Fatty. Rather friable..... Kidney. Capsule adherent..... Lungs. Adherent. Upper three-fourths consolidated. Tubercular..... Heart. Flabby. Wall on right side fatty..... Spleen. Enlarged.....	Normal.....	Anæmic.....	Convulsions atrophied. Cortex thin.
137	Lungs. Lower lobe completely consolidated..... Heart. Right auricle and ventricle dilated..... Liver. Fatty. Rather friable..... Kidney. Capsule adherent.....	Diminished	Anæmic.....	Convulsions atrophied. Cortex thin.
139	Lungs. Adherent. Upper three-fourths consolidated. Tubercular..... Heart. Flabby. Wall on right side fatty..... Spleen. Enlarged.....	Diminished	Anæmic.....	Convulsions atrophied. Cortex thin.
142	Lungs. Hypostatic posteriorly..... Heart. Mitral valve thickened. Aorta calcareous..... Liver. Friable. Atrophied (right lobe)..... Kidney. Capsule adherent (left). Cortex thin.....	Diminished	Normal.....	Convulsions markedly atrophied. Cortex thin.
145	Lungs. Adherent at sides and apex (left). Tubercular in half of upper lobe (right)..... Heart. Flabby. Mitral valve thickened..... Liver. Fatty..... Kidney. Capsule adherent..... Intestines. Congested. Ulcerated. Three perforations.....	Diminished	Anæmic.....	Convulsions atrophied. Cortex thin.

TABLE II.—Continued.

Number.	GROSS LESIONS OF ORGANS.	GROSS APPEARANCE OF BRAIN.		
		Consistence.	Blood-Supply.	Other Conditions.
	<i>Terminal Dementia</i> —Continued.			
144	Lungs. Adherent. Hypostatic posteriorly. Right apex presents a small cavity.....	Diminished ...	Anæmic	Convulsions, extremely atrophied.
	Heart. Aortic valves thickened. Walls of ventricles thin.....			
149	Lungs. Tubercular. Large areas cheesy. Adhesions.....	Diminished	Hyperæmic	Convulsions atrophied. Cortex thin.
	Heart. Flabby. Mitral and tricuspid valves thickened. Atheroma of coronary arteries.....			
	Liver. Fatty deposits.....			
	Kidney. Capsules adherent.....			
	Spleen. Greatly enlarged. Capsule thickened.....			
162	Lungs. Adherent and hypostatic posteriorly (right). A few tubercular nodules.....	Diminished	Congested.....	Convulsions atrophied. Cerebellum, pons and medulla congested and of diminished consistence.
	Heart. Flabby. Walls of ventricles thin. Mitral valve thickened. Coronary arteries very atheromatous.....			
	Kidney. Capsule very adherent.....			
164	Lungs. Lower lobe completely consolidated. Hypostatic pneumonia in lower lobe.....	Diminished ...	Normal ..	Convulsions atrophied.
	Heart. Large and flabby. Left ventricle thinned at apex. Mitral and aortic valves much thickened. Left auricular wall thickened.....			
	Liver. Small. Roughened. Substance of increased consistence (nutmeg).....			
	Kidney. Capsule adherent. Cortex thin. Cystic.....			
	Spleen. Small. Considerable connective tissue deposits.....			

TABLE II.—Continued.

Number.	GROSS LESIONS OF ORGANS.	GROSS APPEARANCE OF BRAIN.		
		Consistence.	Blood-Supply.	Other Conditions.
	<i>Terminal Dementia—Concluded.</i>			
170	Lungs. Tubercular in apex (left)..... Heart. Very small..... Liver. Very small..... Kidney. Capsule adherent (left). Cortex thinned..... Spleen. Consistence greatly increased..... Stomach. Mucous lining thickened. Chronic congestion.....	Diminished.....	Anæmic.....	Convolutions atrophied. Cortex thin. Pineal gland cystic. Cerebellum soft.
172	Lungs. Hypostatic posteriorly (right)..... Heart. Flabby. Mitral valve thickened..... Liver. Large..... Kidney. Cortex thin, striations indistinct. Amyloid degeneration..... Uterus. Much enlarged. Anterior wall thickened. Cauliflower-like mass in the cervix..... Rectum. Thickened.....	Normal.....	Anæmic.....	Convolutions atrophied. Cortex thin. Ependyma thickened and opposing surfaces adherent. New growth in orbit.
173	Lungs. Pleura thickened and adherent at apex. Cavity in apex of both sides..... Heart. Flabby..... Liver. Capsule thickened. Fatty..... Kidney. Cortex thinned. An occasional calculus. Miliary tubercles scattered throughout mesentery and omentum.....	Increased.....	Anæmic.....	Cortex thin.
176	Lungs. Hypostatic posteriorly. Tubercular in apex..... Heart. Small..... Liver. Fatty..... Kidney. Capsule adherent. Cortex thinned..... Stomach. Walls greatly thickened.....	Normal.....	Normal.....	Convolutions atrophied. Cortex thin.
179	Lungs. Hypostatic posteriorly. Tubercular in apex..... Heart. Small..... Liver. Fatty..... Kidney. Capsule adherent. Cortex thinned..... Stomach. Walls greatly thickened.....	Diminished.....	Normal.....	Convolutions atrophied. Cortex thin.

TABLE II.—Continued.

Number.	GROSS LESIONS OF ORGANS.	GROSS APPEARANCE OF BRAIN.		
		Consistence.	Blood-Supply.	Other Conditions.
	<i>Senile Dementia</i> —Concluded.			
171	Lungs. Pleural surfaces adherent. Hypostatic posteriorly..... Heart. Right auricle and ventricle dilated. Aortic valve thickened. Mitral valve thickened. Vegetations on surface. Liver. Flabby. Fatty..... Kidney. Capsule adherent. Cortex thin. Cystic..... Stomach. Inflamed..... Intestines. Acutely inflamed..... Lungs. Thrombosis of left pulmonary artery. Lower lobe consolidated (pneumonia)..... Kidney. Capsules adherent Cortex thin.....	Diminished	Anæmic	Convolutions atrophied. Cerebellum atrophied.
180	Lungs. Adherent at apex, and hypostatic posteriorly. Tubercular nodules..... Heart. Flabby	Diminished	Anæmic	Convolutions atrophied. Cortex thin.
	<i>Epileptic Dementia</i> .			
146	Lungs. Adherent at apex, and hypostatic posteriorly. Tubercular nodules..... Heart. Flabby	Diminished	Congested.....	Convolutions atrophied. Cyst in orbital convolutions of left side.
158	Kidney. Cystic. Lobulated (left)..... Lungs. Pleura adherent. Hypostatic posteriorly... Heart. Pale and flabby. Valves thickened .. Liver. Fatty..... Kidney. Capsule adherent. Cortex thin..... Spleen. Large.....	Normal	Congested.....	Convolutions atrophied. Cortex thin.
163	Lungs. Pleural surfaces adherent. Hypostatic posteriorly. Left partially consolidated..... Spleen. Small.....	Diminished	Anæmic.....	Convolutions atrophied. Cortex thin.

TABLE II.—Continued.

Number.	GROSS LESIONS OF ORGANS.	GROSS APPEARANCE OF BRAIN.		
		Consistence.	Blood-Supply.	Other Conditions.
143	Lungs. Liver. Kidney.	<i>Organic Dementia.</i>		
		Adherent. Hypostatic posteriorly.....	Congested.....	Convulsions atrophied. Cortex thin.
		Fatty areas.....		
		Cystic.....		
168	Lungs. Heart. Kidney. Liver. Stomach.	<i>Pseudo General Paralysis.</i>		
		Hardened nodules in apex. Pleural surfaces adherent and thickened (left).....	Diminished.....	Convulsions atrophied. Cortex thin.
		Flabby. Mitral valve has thickened nodules on its surface.....		
		Flabby.....		
		Flabby.....		
		Ulcer at pylorus.....		
161	Lungs. Heart. Kidney. Liver. Ovary.	<i>Acute Melancholia.</i>		
		Pleural surfaces thickened and adherent.....	Diminished.....	Convulsions atrophied. Cortex thin.
		Mitral valves thickened. Walls of ventricles fatty.....		
		Capsule thickened and adherent. Cortex thin. Surface roughened.....		
		Fatty.....		
		Cystic.....		
152	Lungs. Heart. Kidney.	<i>Chronic Melancholia.</i>		
		Left: pleural surfaces adherent. A few tubercular nodules. Right: hypostatic posteriorly.....	Diminished.....	Convulsions atrophied. Cortex thin.
		Flabby. Aortic valve calcareous. Vegetations on the mitral valve.....		
		Left increased in size. Cortex thin.....		

TABLE II.—Continued.

GROSS LESIONS OF ORGANS.		GROSS APPEARANCE OF BRAIN.		
Number.		Consistence.	Blood-Supply.	Other Conditions.
<i>Senile Dementia</i> —Concluded.				
171	Lungs. Pleural surfaces adherent. Hypostatic posteriorly..... Heart. Right auricle and ventricle dilated. Aortic valve thick- ened. Mitral valve thickened. Vegetations on surface. Liver. Flabby. Fatty..... Kidney. Capsule adherent. Cortex thin. Cystic..... Stomach. Inflamed..... Intestines. Acutely inflamed..... 180 Lungs. Thrombosis of left pulmonary artery. Lower lobe con- solidated (pneumonia).... Kidney. Capsules adherent Cortex thin.....	Diminished	Anemic	Convulsions atrophied. Cerebellum atrophied.
<i>Epileptic Dementia.</i>				
146	Lungs. Adherent at apex, and hypostatic posteriorly. Tubercular nodules..... Heart. Flabby	Diminished	Congested.....	Convulsions atrophied. Cyst in orbital convo- lutions of left side.
159	Kidney. Cystic. Lobulated (left)..... Lungs. Pleura adherent. Hypostatic posteriorly... .. Heart. Pale and flabby. Valves thickened Liver. Fatty	Normal	Congested.....	Convulsions atrophied. Cortex thin.
163	Kidney. Capsule adherent. Cortex thin..... Spleen. Large..... Lungs. Pleural surfaces adherent. Hypostatic posteriorly. Left partially consolidated..... Spleen. Small.....	Diminished	Anemic.....	Convulsions atrophied. Cortex thin.

TABLE II.—Continued.

Number.	GROSS LESIONS OF ORGANS.	GROSS APPEARANCE OF BRAIN.			
		Consistence.	Blood-Supply.	Other Conditions.	
	<i>Chronic Melancholia—Concluded.</i>				
155	Lungs. Heart. Kidney.	Pleural surfaces adherent. Left; hypostasis posteriorly... Wall of right ventricle fatty. Tricuspid valves thickened. Aortic slightly thickened..... Capsule adherent. Cortex thin.....	Diminished	Congested	Cortex thin.
177	Heart. Testicle. Stomach.	Flabby	Normal	Normal.....	
	<i>Paranoia.</i>				
157	Lungs. Heart. Kidney. Stomach.	Right; large, consolidated. Left; pleura thickened, ad- herent, and consolidated..... Flabby. Left ventricular wall thin. Mitral valve thick- ened..... Capsule adherent. Cortex thin..... Greatly enlarged. Ulcers near pyloric extremity.....	Diminished.....	Normal.....	Cortex thin.
	<i>General Paralysis.</i>				
154	Lungs. Heart. Kidney.	Adherent. Tubercular..... Flabby..... Cortex very uneven.....	Diminished	Congested.....	Convulsions atrophied. Cortex thin.

TABLE II.—Continued.

Number.	GROSS LESIONS OF ORGANS.	GROSS APPEARANCE OF BRAIN.		
		Consistence.	Blood Supply.	Other Conditions.
176	Lungs. Heart. Kidney. <i>General Paralysis—Concluded.</i> Hypostatic posteriorly. Tubercular in apex..... Wall of right side thin..... Capsule adherent. Cortex thin.....	Diminished	Normal	Convulsions atrophied. Cortex thin.
141	Lungs. Kidney. <i>Ichthy.</i> Adherent. Hypostatic posteriorly. Right partially con- solidated (tubercular)..... Capsule adherent. Cortex thin	Diminished	Anæmic.....	Convulsions atrophied. Cortex thin.

MICROSCOPICAL APPEARANCES.

Epileptic Dementia.—The three cases of epileptic dementia presented some interesting features. Two were patients who had spent a number of years in the institution, and suffered from attacks of grand and petit mal at longer or shorter intervals. A state of dementia more or less well marked supervened in all, but was most profound in these two cases.

The third case was that of a man who was only in the institution for about three months, but who had been a sufferer from epilepsy for a number of years. He alone presented an unusual macroscopic lesion, consisting in a cortical cyst in the frontal segment on the left side. This lesion occupied the first frontal convolution very near the longitudinal fissure, and was about the size of a hazelnut. It was situated just beneath the cortex in the white substance, the overlying cortex being very much softened and greatly thinned.

This patient's attacks of grand mal were at very long intervals, but seizures of petit mal were of daily occurrence. These would come on entirely without the patient's knowledge; whatever he was engaged in doing would be interrupted by a slight pause of from one-quarter to one minute's length, during which he would sway a little from side to side, become slightly flushed and perhaps breathe a little harder than usual, then all would pass off and he would remain entirely unconscious of what had happened. Dementia increased with unusual rapidity during the last two months of his life, and he died during a period of status epilepticus.

Aside from the condition above noted there was no macroscopic lesion in any of the cases differing from that present in marked dementia, viz, thickening of pia, thinning of the cortex and atrophy of the convolutions, generally most marked over the frontal cortical segments but by no means confined to this portion.

The microscopical appearances were of unusual interest, and while somewhat varied, some of the interesting features were present in all the cases. The principal methods used in staining were the fresh method of Bevan Lewis, the methods of Nissl and Rehm with alcohol-hardened tissue, the Biondi-Erlich triple stain, and, for staining the nerve fibers of the central white matter, the Weigert copper-haematoxylin method and the Pal method with Schaefer's modification.

The cortical cell in all of these cases presented marked vacuolation of the nucleus in the second layer when stained after Lewis. These vacuoles were usually single, large, more or less rounded light spots occupying the nucleus either in its center or at an eccentric point, and in not a few instances almost entirely replacing it. With the other methods, these conditions, while present, were not as plainly visible. These peculiar formations seem to be more or less affected by alcohol, but even in the alcohol sections their outline, while not sharp and distinct, could be easily traced in very many of the cells.

The great variability with which the nucleus stained is worthy of a passing note. In some instances it was so faded and granular that its outline could with difficulty be distinguished, while in others the outline was not only very sharp and well defined, but the nuclear substance had taken the stain with marked intensity. These represent the two extremes, and these same conditions are present even in a more marked degree in other forms of insanity than the one under consideration.

Not a few of the cells, especially in the second and third layers, presented nuclei in a fragmented state, i. e., divided into several small pieces. In many the nucleus was extremely irregular in outline, presenting a nucleolus at an eccentric point, while in

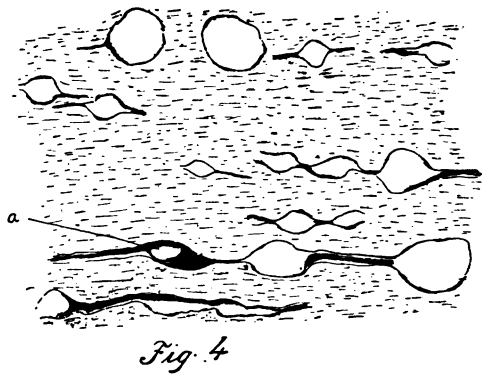
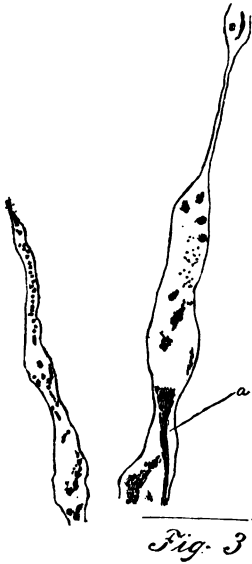
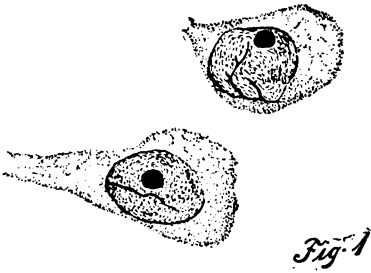


Fig. 1—Some nuclear markings in epilepsy.

Fig. 2—Purkinje cell in epilepsy.

Fig. 3—Degeneration of nerve fibres. Broken axis cylinder. Epilepsy.

Fig. 4—Dilatations of the medullary sheath with nerve fibre degeneration. Epilepsy.

(All outlines made by aid of Abbe camera lucida.)

others the nucleus often presented a greater or less area well stained, while the other portion remained granular and faded in appearance.

In very many of the cells of the second layer peculiar markings across the nucleus were present, consisting in some instances of a single straight line advancing to a considerable extent into the substance of the nucleus, in others of a line more or less bent in its course, while in still others twig-like projections from a line rather crooked in direction were present. (See Plate I., Fig. 1.) These markings were best seen in the sections stained after Nissl, and were best defined in the lightly-stained nuclei. Every cell in the second layer, with scarce an exception, was thus affected.

I am undecided as to the significance of these markings. The methylene-blue methods alone show them, and they are present in other forms of insanity. I have also found them occasionally in the brains of healthy animals. In no instance, however, have I seen them so marked as in these cases of epilepsy, and in no instance have I seen a condition of the nucleus like that shown in Figure 1, Plate I. The condition, therefore, seems worthy of a passing note, and indeed of a far more careful study than I have been able to give it.

The body of the cell in many instances was granular, irregular in outline, and faintly stained, the processes often remaining entirely undefined. In one of these cases (profound dementia) the cortex in the left motor area presented a number of small round holes, sometimes scattered singly through the cortex, in other instances massed together in groups. These holes were visible to the naked eye, and averaged about one millimeter in diameter. They were always situated in the cortex, generally in the region of the second and third layers. On microscopical examination these spaces were entirely unoccupied except for occasional masses of pigment gathered at the edges. The contents of these openings seem at some time to have been capable of exerting pressure on the surrounding structures, as the walls of the spaces were composed of neuroglia substance of markedly increased density, and the nervous elements in the vicinity were very seriously distorted, compressed and degenerated. A portion of the wall of an opening of this sort is shown in Plate II., Figure 4.

We pass now to a consideration of the condition of the cerebellum, which, I regret to say, I have been unable to examine except in a single case.

Stained after Weigert's copper-haematoxylin process, the Purkinje cells appeared granular and irregular in outline, and the body of the cell was often honeycombed with numerous small, round vacuoles; as we approached the region of the large process the substance of the body became more granular and faded in appearance, and the large branching processes remained entirely undefined. (See Plate II., Fig. 2.) Irregularities in the outline of the nucleus were almost universal, and the nucleus itself was variously stained, in some instances being light, and in others so dark as to hide the nucleolus; the latter structure was in a few instances absent, and in a few other of the cells the nucleus was so much faded as to be almost indistinguishable from the protoplasm of the cell body.

The nerve fibers of the central gray matter of the cerebellum presented two forms of degeneration:

1. In that portion of the white matter where the nerve fibers turn from the central stem of the leaflet and proceed toward the cortex, considerable areas were found which presented degenerative changes. These changes consisted in dilatations of the medullary sheath at short intervals along the course of the nerve, so great that in many instances they attained an enormous size, and pressed upon the surrounding structures. (See Plate I., Fig. 4.) These large, rounded, globular masses seemed entirely

unoccupied, and in no instance was it possible to trace in them any remains of the axis cylinder, or in fact any portion of the nervous structure. In a very few instances however, a rudimentary axis cylinder might be seen making its way around one of these masses (Plate I., Fig. 4, *a*), showing that these formations have not their origin in the axis cylinder proper. The nerve fibers above and below these structures were degenerated to a variable extent. In some instances the axis cylinder could still be traced through a small portion of the nerve fiber. In others, nothing remained but a shrunken medullary sheath, interrupted at short intervals by these huge rounded masses. The nerve fibers in the vicinity of these formations were very few in number.

2. In the nerve fibers of the central white core of the cerebellar leaflet a condition of the nerve fiber often presented itself like that figured in Plate I., Figure 3. The axis cylinder in these fibers was broken up into masses of varying size, the medullary sheath being much dilated. Large irregular masses, as shown at *a* in Figure 3 of Plate I. still remain; these undoubtedly belong to the original axis cylinder. The medullary sheath above and below these degenerated portions is usually shrunken and presents no trace of the axis cylinder.

The question as to the primary lesion in these two forms of degeneration at once suggests itself. I am inclined to the opinion that the original lesion in the nerve fiber was in that portion nearest the cerebellar cortex, namely, in the condition first described. The primary lesion in the cerebellum, I am of the opinion, was in the Purkinje cell itself, and a degeneration of the nerve fiber first followed in the portion nearest the cortex, and this lesion induced a secondary one further down in the course of the nerve fiber.

The case teaches in a very forceful manner that the cerebellum is not to be neglected when looking for lesions in epilepsy.

PSEUDO GENERAL PARALYSIS.

This case was of peculiar interest because it was considered one of general paralysis and presented many of the symptoms of this disease. The autopsy findings, however, would not bear out this diagnosis and we were obliged to class it as one of the pseudo forms.

The symptoms were not typical of general paralysis but in many respects were quite well marked. Variations from the ordinary, however, were sufficiently prominent to make a short history worth noting. Slightly depressed at the time of admission to the institution, the patient's emotional nature soon assumed about its normal standard and in a short period he passed into a state of confusion in which he remained for some time. From this he emerged only to exhibit the same symptoms in exactly the same order, continuing this way up to the time of his death, the length of time occupied by each set of symptoms varying considerably. The period of confusion was the thing most unusual in the case. This would begin by inco-ordination of the muscular movements, at first slight, but gradually increasing till the patient was obliged to remain in bed. It was always accompanied by a dazed state, the patient gradually becoming more or less oblivious to his surroundings, and extreme effort being necessary to make him appreciate simple propositions. His ability to take food varied considerably; at times he ate readily and with apparent relish, at others he could not be induced to swallow. These periods would last three or four days, and then would gradually pass away and a state of consciousness and slight exhilaration would supervene. As the case progressed each period



Fig. 1

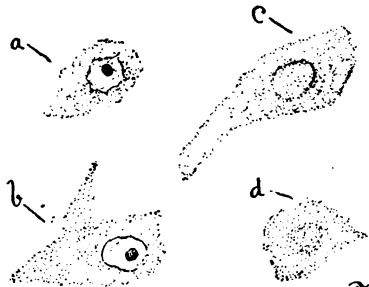


Fig. 2

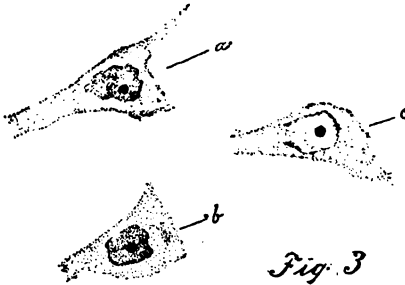


Fig. 3

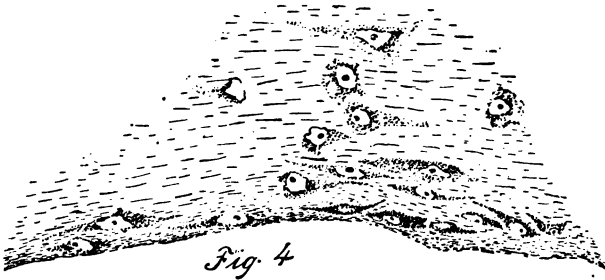


Fig. 4

Fig. 1—Light areas in the nucleus.

Fig. 2—Four forms of degeneration in the Purkinje cells of the cerebellum.

Fig. 3—The nerve cell in general paralysis.

Fig. 4—Portion of wall of a miliary cortical cyst. (General paralysis.)

(All outlines made by aid of Abbe camera lucida.)

became shorter, and he passed through his round of symptoms oftener. Tremulousness of speech, tremulousness of the muscles of the body in the performance of the finer movements were now apparent and the gait was very slow and mincing. Pupils equal, slightly dilated, reaction to light normal. Reflexes slightly exaggerated. No anæsthesia or paralysis, and there were no epileptiform seizures at any time. He died during one of his periods of confusion.

The microscopical appearances in both the brain and the cerebellum were of some interest.

A peculiar form of vacuolation of the nucleus presented itself in the ganglion cells of the brain cortex, consisting mainly of irregular light areas which occupied varying portions of the nucleus. In very many of the nuclei were found small, irregular light spots with very ragged edges, which suggested nuclear fragmentation. These conditions were most apparent in sections stained after the methylene blue processes. In color these vacuoles were not the light, shining bodies usually found, but were very hazy, indistinct and more or less rounded in appearance. In the sections stained after Nissl these light areas presented much the same appearance, but were, if anything, more irregular and comparatively lighter in color. (See Plate II., Fig. 1.) The distribution of this lesion was quite general. The condition of the cell body varied much, being in some instances very granular and irregular, in others markedly pigmented and vacuolated. These conditions were most marked in the frontal segments of the cortex.

In the cerebellum, the cells of Purkinje presented some interesting features, the conditions varying from the more slight forms of degeneration to those of extreme degree. The first step in the process of degeneration seemed to be marked irregularity in the outline of the nucleus. This condition was present in most of the cells not presenting some other degree of degeneration. (See Plate II., Fig. 2, a.) The nucleolus was always present in these cells and generally quite well marked, and the nucleus, although quite granular, stained evenly. The body of the cell was generally well defined and evenly stained.

The second step in the degenerative process was a cell with granular cell body, and faintly-stained nucleus. The cell body in this condition was often very irregular in outline, and although perhaps evenly stained, was usually indistinct. The outline of the nucleus was not always entirely visible and the nucleolus was still present, although poorly defined. (See Plate II., Fig. 2, b.)

In the third degree of change the nucleus was still visible but irregular and hazy in outline, and the body of the cell was very granular and considerable portions of it were indistinct (see Plate II., Fig. 2, c), while in the fourth degree of change nothing remained of the nucleus except an irregular mass slightly darker than the surrounding cell structure and only distinguishable as the nucleus on account of its position. The body of the cell was exceedingly granular, irregular in outline, and poorly stained, in some instances considerable portions of the cell still remaining undefined. (See Plate II., Fig. 2, d.) It is perhaps unnecessary for me to add that the main process from these cells with its forest of branches remained entirely undefined in every instance.

We have, it seems to me, in the conditions above described, a glimpse of a portion of the life history of the Purkinje cell in a state of disease, and it seems rational to suppose that the occurrence of symptoms which might be referred to the cerebellum (muscular inco-ordination), was coincident with the development of a diseased state in its ganglionic elements. The theory of the toxic origin of insanity while still very much a theory, is a point toward which our studies are unquestionably tending, and

in this instance it seems probable that we have a picture of the action of some toxic agent on the ganglion cells of the cerebellum.

Among the sub-cortical nerve fibers there were numerous non-staining, light-colored, rounded bodies which pushed aside the neighboring fibers, leaving an appreciable interval between them. These bodies were not gathered together in clumps but were scattered quite evenly. In size they were about the diameter of the larger nerve fibers. We found these bodies also in the medulla oblongata at various levels; these were immediately beneath the floor of the fourth ventricle, and were somewhat larger than those above described.

GENERAL PARALYSIS.

One of the cases of general paralysis deserves some notice, as many of the microscopical lesions were of interest.

The case was a very rapid one, the patient having been in the institution only about five months. It ran its whole course in something less than a year. The disease was well advanced when the patient was admitted and his downward progress was quite rapid. His delusions were not typical of general paralysis, but his ocular symptoms, gait, speech, and general appearance were quite characteristic. He died in a condition of extreme dementia.

The vessels showed the changes characteristic of general paralysis. There was marked proliferation of the cellular elements of the vessels, in some instances so marked as to cause great knot-like projections on the vessel wall, in other instances so slight as to present only a very slight cellular proliferation. These conditions were well marked throughout the whole brain and best defined in those portions stained after Nissl or Rehm.

The condition however, which I wish to notice more carefully and fully, was that of the ganglion cell of the cortex; a condition resembling in some respects that found in the cerebellum in the previously-described case, but in others differing entirely from it. The nuclei stained with great variability, some being lightly stained, others quite deeply stained, and still others presented a light and dark area. In addition to this the nucleus was very irregular in outline and the cell body often very granular and in a few instances vacuolated.

In very many of the cells that portion of the cell body in the region of the nucleus was very much lighter than the surrounding portion, so much so that the nucleus often seemed set in a protoplasmic mass which had failed to stain at all. This light area in the region of the nucleus involved a varying portion of the cell body. (See Plate II, Fig. 3, *a*.) Very many of the cells presented a nucleus so much like the surrounding cell body in appearance that it was impossible to define its limits. In all of these conditions the nucleus still remained sharply defined, except in a few of the more markedly-degenerated cells belonging to the latter class.

Of the cells belonging to the former class, namely, those in which the outline of the nucleus was sharply defined, we may consider three varieties:

First. The irregular nucleus belonging to a slightly-granular cell body. (Plate II, Fig. 3, *a*.)

Second. The irregular nucleus in a very granular and lightly-stained cell body. (Plate II, Fig. 3, *b*.)

Third. The granular cell body and nucleus, both of which are very lightly stained. (Plate II, Fig. 3, *c*.)

Of the cells belonging to the latter class, namely, those in which the outline of the nucleus is hazy and indistinct, we may consider two varieties:

First. The condition above described in which the nucleus merges gradually and inappreciably into the protoplasm of the cell body, and

Second. Nuclei hazy and indistinct on one side only and at that point merging undeniably into the cellular protoplasm.

I regret, on account of lack of space, being unable to figure this condition in the illustrations, but Plate II., Fig. 3, c, illustrates the latter condition in a minor degree in that portion of the nucleus directed toward the main process. The remainder of the nucleus, however, does not illustrate the point under consideration, as it is very granular and lightly stained.

These changes were quite diffusely distributed, but were somewhat more marked in the frontal cortical segments than elsewhere, in which portion of the cortex we find another condition of some interest, namely, an abundance of miliary cortical cysts. These appear in sections as small, round holes in the cortex, varying slightly in size, arranged in some portions in groups, in others scattered singly. As to their origin, I am undecided. It seems quite probable that they may originate in the perivascular lymph spaces, as in one of these openings a vessel was present crowded against the wall of the space, and traces of vessels (single cells or groups of cells) were found in a number of instances. These openings present a well-defined wall, which consists of neuroglia substance of increased density, in the meshes of which are numerous distorted and compressed nerve cells. (See Plate II., Fig. 4.) The pressure which these formations have been able to exert on the surrounding structure is a very important factor. The cells in the vicinity are markedly distorted and for a considerable distance below these openings may be seen to be pushed out of their normal position and the main process curved from its normal course as it ascends.

I cannot dismiss this portion of the subject without some reference to the possible significance of the changes described above in the ganglionic cells of the cortex. We have seen that a diseased state exists in many of the ganglion cells of the cortex, and that this diseased condition, in the form of mental disease under consideration, attacks apparently a certain definite portion of the cortical cell, namely, that portion next the nucleus. The question then arises as to whether or not this diseased state may not be the result of the development of toxic substances in the body, and their action on the nervous structure of the cortex. I am inclined to the opinion that this is the manner in which we are to explain the appearances presented in the case just described. The theory of the existence of poisonous toxins in this disease is not inconsistent with the other pathological factors which present themselves, namely, the vascular changes and hypertrophy and proliferation of the neuroglia cells, especially that class of neuroglia cells known as epider cells and which are supposed to bear some important relations to the lymph circulatory apparatus of the brain.

In what has preceded, nothing has been said about the chromogenic bodies which are brought out, especially by the methylene blue stains, my studies concerning these structures being as yet incomplete. They have also been ignored in the plates for the same reason.

SUNDREY NOTES.

Miliary Cortical Cysts.—The miliary cortical cysts previously mentioned deserve a word further. Their occurrence in dementia accompanying epilepsy and in general paralysis has been mentioned, and it remains to be stated that they have been found

in three other cases of terminal dementia. The condition seems to accompany the chronic forms of mental disease and can be considered none other than a degenerative process of a very low form. The pressure that these bodies exert on the surrounding structures is very marked, and is undoubtedly a factor of some prominence in producing mental symptoms. In a few instances pressure on the surrounding nervous elements was not markedly apparent, but for the most part the cells were much compressed and distorted. In many instances they were so much compressed that the cell was reduced to a mere shred. (See Plate II., Fig. 4.) In some, the compression seemed to have induced true degenerative changes in the cell. In all, the direction of the main processes of the cells below and in the immediate vicinity of the cyst was seen to be changed. This proves conclusively that these formations cannot be relegated to the domain of artefacts, but are truly degenerative.

The lesser degrees of degeneration in the nerve cells surrounding these openings are apparent only in those cases of long standing, the cells which would have presented evidence of compression probably long since having become completely degenerated and been absorbed by the lymph circulatory apparatus of the brain. The case from which the drawing was made (Plate II., Fig. 4) was one of quite rapid general paralysis, and here the evidence of compression and distortion is very apparent.

The condition is worthy of more careful and extended study.

Spider-Like Figures in the Nucleus.—In a case of senile dementia (No. 167) some peculiar figures presented themselves in the nucleus in certain portions of the cortex. In the main they consisted of spider-like formations composed of a dark mass presenting numerous prolongations extending into the substance of the nucleus. They were stained the same shade and color as the nucleolus but apparently bore no relation to it, being for the most part attached to its most peripheral portion. The nucleus, as a rule, was very lightly stained. (See Plate III., Fig. 1.) These figures were confined chiefly to the motor areas and were best defined in the larger ganglion cells. Most of these cells presented fatty degeneration in a portion of the cell body; more or less well-marked irregularities in the outline of the nucleus were also apparent. It is, perhaps, needless to add that marked degenerative changes in the other cells of the cortex were present.

I am in doubt as to the true significance of these bodies. They scarce look degenerative, nor do they seem to be artefacts. I have only seen them in this single case, and their true significance can only be determined after further study.

Acute Delirium—I published in the columns of the "Medical News" of August 18th, 1894, the report of a case of acute delirium presenting vacuolation of the protoplasm of the cell body in the vicinity of the nucleus, and I wish simply to record here another case of similar nature, presenting a similar but more extensive lesion. The case was that of a female admitted to the institution for the third time, in a state of acute delirium; it is not surprising, therefore, that more of her brain cells were diseased, and the diseased conditions more extreme than in the case reported. The lesion, however, seems to be of a similar nature in both cases. In this case the body of the cell was often extremely ragged and irregular and there was extensive vacuolation in the region of the nucleus. In some of the cells nothing was definable as a nucleus except a dark mass in the center of the cell body. This extreme condition is fairly well shown in Plate III., Fig. 2.

Irregular Nucleus, Vacuolated Nucleolus.—As an illustration of the diversity of lesions that the ganglion cell may present in dementia, I would call attention to Plate III., Figure 3, which presents a rather unusual condition.



Fig. 2



Fig. 3



Fig. 4

Fig. 1—Spider-like figures in the nucleus. (Terminal dementia.)

Fig. 2—A form of degeneration in the nerve cell in acute delirium.

Fig. 3—Irregular nucleus, vacuolated nucleolus. (Terminal dementia.)

Fig. 4—Some appearances presented by the subcortical nerve fibres.

(All outlines made by aid of Abbe camera lucida.)

The cell body and the nucleus are not only extremely irregular in outline but the nucleolus presents two small vacuoles in its substance. The extreme irregularity of the nucleus is of some interest, as it suggests at one point division of the nucleus into two bodies. The condition occurred in a case of terminal dementia and was best shown in sections stained with the Biondi-Erich mixture.

Nerve Fibers.—This portion of the nervous structure has been the subject of some study during the past year, although I am not prepared to give more than a passing note on the subject at the present time. The difficulty lies in one's inability to distinguish between those appearances which are truly degenerative and those which are mere artefacts. In this work I have received some valuable aid and suggestions from Dr. Ira Van Gieson, which I am pleased to acknowledge. The appearances are many and varied, some of which I am constrained to describe briefly and illustrate.

Varicosities along the course of the nerve fiber were of very common occurrence. These consisted of globose swellings of the medullary sheath at various points along its course, here collected in knots and there occurring singly, causing the axis cylinder and sheath to be separated by a considerable interval, this interval remaining entirely unoccupied or being filled with a goodly number of dark, granular masses. In many instances these masses were deposited on and about the axis cylinder in such quantities as to give it a swollen appearance, its outline appearing very irregular and granular. This condition is illustrated in Figure 4, a, of Plate III. These are undoubtedly artefacts.

In another class of cases the appearances presented are somewhat different. While the fusiform dilatations along the course of the nerve fiber still remain, the medullary sheath, instead of presenting a single, even, uninterrupted line, is interrupted here and there along its course by thickened areas. These occur singly, at longer or shorter intervals, along a considerable length of the nerve fiber. Between the medullary sheath and the axis cylinder we often find considerable masses of light color, having a semi-globular arrangement, or there may be single, small, globular masses scattered here and there along the course of the fiber. In a few instances these seem to have invaded the axis cylinder, this portion of the nerve fiber presenting a highly-refractive, globular mass in its substance. These appearances were comparatively rare, and I am undecided as to their significance, but am inclined to regard them as artefacts. This condition is illustrated in Plate III., Fig. 4, b.

In a third class of cases the appearances are entirely different. Here too, we have the swellings and fusiform dilatations of the medullary sheath, but when we look for an axis cylinder, we find in its stead a quantity of granular masses scattered irregularly within the limits of the medullary sheath, with occasionally a darkly-stained mass that might be consistently regarded as a portion of the axis cylinder. This condition is shown in Plate I., Fig. 3, and is undoubtedly truly degenerative.

In another class of cases we find no trace whatsoever of an axis cylinder, nothing remaining of the nerve fiber except the medullary sheath, presenting marked varicosities, while throughout the remainder of its extent nothing remains of the nerve fiber except a mere line, which apparently consists of the collapsed medullary sheath. This condition probably differs from the one last described only in degree. It is fairly illustrated in Plate III., Fig. 4, c, and is undoubtedly degenerative in character.

Idiocy.—The single case of idiocy that came to autopsy showed some rather interesting conditions of the ganglion cells of the motor area. The case was that of an idiot of a very low order, who had been in the institution for about four years. He was not epileptic.

The feature of greatest prominence in the ganglion cells of the cortex was vacuolation of the protoplasm of the cell body. This portion of the cell was quite honey-combed with vacuoles plentifully distributed in the region of the nucleus. These vacuoles were not sharply defined, being generally quite hazy in outline. In some instances the nucleus also was vacuolated.

The outline of the nucleus was not sharp and clear, but often shaded into the protoplasm of the cell body very gradually. These conditions were quite generally distributed throughout the brain.

Respectfully submitted,

THOMAS P. PROUT, M.D.,

Pathologist.

BY-LAWS, FORMS, ETC.

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EXTRACTS FROM THE BY-LAWS.

ADMISSION OF PATIENTS.

ORDER OR WARRANT FILED.

1. Whenever a patient is sent to the Hospital by the order of any court, justice or judge, the order or warrant, or a copy thereof, by which such person is sent, shall be lodged with the Medical Director.

CLEANLINESS.

2. Each patient, before admission, shall be made perfectly clean, and be free from vermin or any contagious or infectious disease.

CLOTHING FOR MEN.

3. Each male patient shall be provided with at least two shirts, a new and substantial coat, vest and pantaloons, of strong woollen cloth, two pairs of socks, a black cravat, a good hat or cap, and a pair of new shoes or boots, together with a comfortable outside garment.

CLOTHING FOR WOMEN.

4. Each female patient, in addition to the same quantity of undergarments, shoes and stockings, shall have a flannel petticoat, two good dresses, also a cloak or other outside garment. In case the patient is so much excited as not to admit of being thus clothed, other clothing that can be kept on, that is comfortable and in sufficient quantity, with a change thereof, may be substituted.

It is very desirable that extra and better apparel should be sent with those accustomed to it, that when they become better, and when they attend religious worship, walk or drive out, their self-respect may be preserved.

In all cases the patient's best clothing should be sent; it will be carefully preserved, and only used when deemed necessary for the purposes above mentioned.

JEWELRY, ETC.

5. Jewelry and all superfluous articles of dress, knives, &c., should be left at home, as they are liable to be lost.

HISTORY OF CASE.

6. A written history of the case should be sent with the patient, and, if possible, some one acquainted with him should accompany him to the Hospital, from whom minute, but often essential, particulars may be learned.

TERMS OF ADMISSION.

7. The price of board, including washing and attendance, for all who are supported at public charge, is three dollars (\$3) per week. For private patients, or those supported by themselves or friends, the price varies from five dollars (\$5) upward, according to the trouble and expense incurred, and according to their ability to pay. Higher prices are paid by a special agreement with the Warden for extra attention and accommodations. Payments required to be made quarterly, in advance, from date of admission.

BOND, ETC.

8. A bond, with satisfactory sureties, will be required for the payment of the board and expenses, and for the removal of the patient when discharged, of all persons, except those sent at the expense of the counties.

Those who bring friends should be prepared to give such a bond, and, if strangers, bring evidence of their responsibility.

FORMS AND DIRECTIONS

FOR THE ADMISSION, &c., OF INDIGENT AND PAUPER INSANE PATIENTS.

FORMS OF ORDER, ETC., FOR JUDGE.

I, A. B., one of the Judges of the Court of Common Pleas of the county of.....and State of New Jersey, do hereby report that application has been made to me on behalf of C. D., a resident of the township (ward or borough) of.....in said county, alleged to be insane and in indigent circumstances (or a pauper, as the case may be), and that pursuant to the act of the Legislature in such cases made and provided, I have called before me Dr.....a respectable physician, and other credible witnesses, to wit (state their names), and having examined them and fully investigated the case, and not deeming it necessary to call a jury, I do hereby decide and certify that satisfactory proof has been adduced before me showing the said C. D. to be an insane person, and that.....has not sufficient estate to support.....under said visitation of insanity.

Given under my hand at.....in the county and state aforesaid, this.....day of.....in the year of our Lord one thousand eight hundred and.....

A. B.

CERTIFICATE OF PHYSICIAN.

.....County, ss.—I, A. B., being duly sworn according to law, do certify and declare that I have examined into the state of health and mental condition of C. D., of the township (ward or borough) of.....in said county of.....and that I am of the opinion that.....is insane.

A. B., *Physician.*

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FORMS AND DIRECTIONS

FOR THE ADMISSION, &c., OF PRIVATE INSANE PATIENTS.

FORM OF REQUEST.

The undersigned, of the.....of.....in the county of.....is desirous of placing in the "New Jersey State Hospital at Morris Plains, N. J.," and hereby requests the admission therein of.....a resident of the.....of.....who is aged.....years, and has beenis a native of.....in the State of.....and is.....of the undersigned.

Dated.....18...

FORM OF CERTIFICATE OF INSANITY BY A PHYSICIAN.

.....18...
I.....physician, of the township of.....in the county of.....do certify under oath that I have examined into the state of health and mental condition of.....of the township of.....in the county of.....and that.....is, in my opinion, insane, and a fit subject to be sent to the New Jersey State Hospital.

.....

Sworn to and subscribed before me this.....day of.....A. D. 18...

FORM OF BOND.

Whereas.....of.....in the county of.....an insane person, has been admitted as a patient into the "New Jersey State Hospital at Morris Plains, N. J.;" now therefore,

We, the undersigned, in consideration thereof, jointly and severally

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bind ourselves to.....Treasurer of said Hospital, to pay to him and his successors in office, the sum of.....dollars and.....cents per week for the care and board of said insane person, as long as..... shall continue in said Hospital, with such extra charges as may be occasioned by.....requiring more than ordinary care and attention ; and also to provide.....with suitable clothing, and pay for all such necessary articles of clothing as shall be procured for.....by the Warden of the Hospital; and to remove.....from the Hospital whenever the room occupied by.....shall be required for a class of patients having preference by law, or whenever.....shall be required to be removed by the Managers; and also to pay all expenses incurred by the Managers or Warden in sending said patient to.....friends, in case one or either of us shall fail to remove said patient when required to do so as aforesaid; and if.....shall be removed at the request of.....friends before the expiration of six calendar months after reception, then to pay board for twenty-six weeks unless..... shall be sooner cured; and also to pay, not exceeding fifty dollars, for all damages.....may do to the furniture or other property of said Hospital, and for reasonable charges in case of elopement, and funeral charges in case of death; such payments for board and clothing to be made quarterly, in advance, from date of admission, and at the time of removal, with interest on each bill from and after it becomes due.

In witness whereof, we have hereunto set our names this.....day of.....in the year 18...

Name,	Residence,	P. O. Address.
Name,	Residence,	P. O. Address.
Signed and sealed in the presence of.....		•

Sworn and subscribed before me this.....day of.....A. D. 18...

A. B., *Judge, &c.*

The Chosen Freeholder or Freeholders of the township, ward or borough must then indorse the above order and certificate as follows: "Approved," and sign his or their names as the Chosen Freeholder or Freeholders of the township (ward or borough) ofand county of.....

CERTIFICATE OF THE COUNTY CLERK.

State of New Jersey, }
..... County, } ss.

I, A. B., Clerk of the county of.....do hereby certify that the foregoing is a true copy of the report and certificate of.....one of the Judges of the Court of Common Pleas of said county, in the case of.....and also the certificate of Drthereunto appended, as filed in my office; that the foregoing is a true copy of the indorsement thereon, and that A. B. and C. D., whose name.....signed to the said indorsal of approval.....member of the Board of Chosen Freeholders of said township (ward or borough) in said county, and that said signature.....in.....proper handwriting.

In witness whereof, I have hereunto set my hand and seal of office, at.....this.....day of.....A. D. 18...

A. B., *Clerk.*

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